

# **STOCKTON**

# **U N I V E R S I T Y**

**SCHOOL OF HEALTH SCIENCES**  
Galloway, New Jersey

**Master of Science in Communication Disorders**  
**(MSCD)**

**Clinical Policy and Procedures Handbook**

**Speech and Hearing Clinic**  
**Externship Practica**

**Program Chair**

**Amy Hadley, Ed.D., CCC-SLP**

**Lead Clinical Supervisor,  
Speech and Hearing Clinic**

**Amanda Copes, Ed.D., CCC-SLP**

**Clinical Fieldwork Coordinator**

**MaryAnn Schiattarella, M.A., CCC-SLP**

**Clinical Specialist**

**Kelly Maslanik, M.S., CCC-SLP**

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## INTRODUCTION

This Handbook is intended to be an introduction to the policies and procedures of the Stockton University Speech and Hearing Clinic as well as the roles and responsibilities expected of the Student Clinicians completing both on and off-campus practica. Student Clinicians are responsible for reading this Handbook in its entirety prior to the start of their clinical practica experiences. After reading this Handbook, Student Clinicians must sign the [Clinical Policy and Procedure Agreement](#) form. Submission of the signed agreement will be required as part of CMDS 5900 Clinical Methods Application, which is completed in the first semester of the MSCD program.

### Student Expectations

The Essential Functions for Admission and Retention outline the academic, communicative, cognitive, social, physical and professional characteristics that are necessary to become effective speech-language pathologists. All students admitted to the MSCD Program should be able to demonstrate these abilities at the time of admission and at all times during their matriculation. The [Essential Functions for Admission and Retention](#) are found on the [Program webpage](#) as well as in the MSCD Program Handbook. Students requiring reasonable accommodations to meet the standards must indicate so on the Student Attestation form found in the MSCD Program Handbook, following the list of Essential Functions for Admission and Retention.

Students should refer to the [MSCD Program Handbook](#) for information regarding academic, clinical, and professional standards for the MSCD Program. In the event a student fails to demonstrate proficient academic, clinical, and/or professional knowledge/skills, an intervention plan may be implemented. Additional details are explained in the MSCD Program Handbook Part V: Progress Monitoring-MSCD Program.

### CAMPUS OPERATIONS DURING COVID-19

Refer to the [Campus Operations FAQ](#) page for information on campus operations related to COVID-19 as well as information on the **COVID-19 vaccine requirement for students**. The page also contains the most current policy regarding face masks.

Faculty understand that the University's continued response to COVID-19 and public health may require adjustments to previously written course calendars, class meetings, methods of delivery, and attendance policies. Additionally, the policies and procedures outlined in this handbook and as part of the [COVID-19 Safety Plan](#) for the Stockton University Speech and Hearing Clinic may need to be modified in the interest of public health and safety during the COVID-19 pandemic. Student Clinicians and clients of the Stockton University Speech and Hearing Clinic will be notified of any such modifications should they be needed.

## STATEMENT OF PURPOSE

The Stockton University Speech and Hearing Clinic functions primarily as an educational and training facility for graduate students in the Master of Science in Communication Disorders (MSCD) program. Students who treat clients in the clinic and who are enrolled in externship clinical practica are referred to as Student Clinicians.

The objectives of the Stockton University Speech and Hearing Clinic are to:

1. Provide the highest quality speech, language, and hearing services to diverse client populations;
2. Offer clinical services at a reasonable cost to consumers;
3. Educate and prepare graduate students for the profession of speech-language pathology;
4. Provide an environment for supervised clinical observations;
5. Serve as a resource for the community;
6. Advocate for the needs of individuals with communication disorders; and
7. Educate the public about the professions of speech-language pathology and audiology and about the prevention and treatment of communication disorders.

The Stockton University Speech and Hearing Clinic has a long-standing tradition of service to the southern New Jersey community. Student Clinicians provide quality services under the supervision of licensed speech-language pathologists and audiologists certified by the American Speech-Language-Hearing Association (ASHA). Diagnostic and intervention services are provided to children and adults in need of habilitation or rehabilitation in the following areas:

- Speech sound production
  - articulation, motor planning and execution, phonology, and accent management
- Language
  - literacy, delayed speech/language, written expression
- Fluency and fluency disorders (stuttering)
- Voice
- Aural rehabilitation
- Cognition
  - executive functioning, attention, memory
- Augmentative and alternative communication modalities
- Dysphagia
  - feeding
- Social communication

**Clinical Policy and Procedure Agreement**

I, \_\_\_\_\_ (print name), have received a copy of the Stockton University Clinical Policies and Procedures Handbook for the Speech and Hearing Clinic and Externship Practica. I have read the Handbook and understand that I am responsible for adhering to all policies and procedures described therein and that failure to do so may result in my being prohibited from treating clients in the Stockton University Speech and Hearing Clinic, completing externship practica, and/or my dismissal from the program. I further understand that I am responsible for any changes or updates to the policies and procedures that may be made, and thus, am responsible for maintaining communication with the Speech and Hearing Clinic Lead Clinical Supervisor and the Clinical Fieldwork Coordinator so that I may be aware of and respond to these changes and notifications in a timely manner.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Z Number

\_\_\_\_\_  
Received by (Lead Clinical Supervisor Signature)

\_\_\_\_\_  
Date

**This form should be signed and dated by the end of the second week of the first semester of the student's enrollment in the MSCD program. A copy of this form will be maintained in the student's clinical records file in the Lead Clinical Supervisor's office.**

## **AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION CODE OF ETHICS**

The American Speech-Language-Hearing Association (ASHA) *Code of Ethics* provides a moral framework within which speech-language pathologists and audiologists function. The purpose is to ensure that quality professional care is provided uniformly across the profession. The *Code of Ethics* is to be taken seriously and is recognized as an important teaching tool for Student Clinicians. Exposure to ethical standards during student clinical experiences develops a professional moral foundation upon which the student can build. It is through observing the Clinical Educator's response to ethical situations that the Student Clinician will learn to incorporate a strong moral character into interactions with clients. See Appendix A for the *ASHA Code of Ethics*. It may also be accessed online at <http://www.asha.org/code-of-ethics/>

### **CULTURAL AND LINGUISTIC DIVERSITY**

It is important to understand and promote acceptance of other cultures and languages, as represented by the clients we serve and the students and professionals with whom we work. As lifelong learners, Student Clinicians are expected to continually develop cultural humility. In situations where cultural and linguistic knowledge is limited, clinicians are encouraged to expand their understanding of these differences, especially in the areas of communication (pragmatics, narrative style, etc.) and cultural values (attitudes toward disabled children, role of family in treatment, etc.). It is important to respect the values of every individual's cultural and linguistic origin or identity. In addition, individuals are expected to receive equal respect regardless of gender identity (encompasses gender expression), disability, ethnicity, national origin (encompasses related aspects), socioeconomic status, race, age, religion, sex or sexual orientation, and veteran status. Students are expected to become competent clinicians, sensitive to the communication needs of culturally and linguistically diverse populations.

## GENERAL INFORMATION

### Stockton University

*Student expectations are noted in **bold** concerning the Stockton University Speech and Hearing Clinic.*

#### College Closings/Class Cancellations

- 1) Weather – In the event of severe weather or other types of emergencies, area radio stations will announce one of three conditions for Stockton. (Refer to the following section for local stations carrying Stockton’s announcements.) Stockton’s homepage ([www.stockton.edu](http://www.stockton.edu)) will also post school closing information.

#### Possible Closure Conditions:

- a) Complete Shutdown of the Institution – The Governor may order the closing of all state facilities or the College President may order the shutdown of Stockton University. **Students are not expected to attend clinic sessions during complete shut-down of the institution.**
  - b) Cancellation of Classes – The College President may cancel classes for the day. In this situation, the institution remains open. **Students are not expected to attend clinic sessions when classes are cancelled.**
  - c) Delayed Opening – The College President may announce a delayed opening. In this situation, the institution will open according to the announced time. **Students, however, are not expected to attend clinic sessions when classes are delayed for the day.**
- 2) Precepting/Advising Day – Although classes are canceled on precepting days, **students are expected to attend scheduled clinic sessions.** Please schedule your preceptorial meeting around your clinic schedule.
  - 3) Winter/Spring Breaks – **Students are not expected to attend clinic sessions during spring and winter breaks.**
  - 4) Holidays
    - a) When the college is closed and/or classes are canceled for a holiday (e.g., Thanksgiving), **students are not expected to attend clinic sessions.**
    - b) When the college is open and classes are scheduled during a holiday (e.g., President’s Day), **students are expected to attend clinic sessions.**
    - c) Students who may need to reschedule a clinic session due to cultural or religious observance should meet with the Lead Clinical Supervisor at least two weeks prior to the anticipated absence.

#### Stockton University Announcements

Students should monitor the college’s website for messages regarding cancellations and delays.

### **Emergency Text Messaging System**

Stockton University students may register to be part of the college's Emergency Text Messaging System, which enables a limited number of campus administrators to send urgent text messages to subscribers' cell phones in the event of an emergency. To subscribe: log into [goStockton](#); go to the **Student Services** tab; then to the **Personal Information** channel; click on **Update Emergency Text Messaging Contacts**, and provide contact information. Additional instructions for registering for this system are located at <https://stockton.edu/dean-of-students/emergency-text-system.html>

## GENERAL INFORMATION

### Stockton University Speech and Hearing Clinic

#### **Clinic Access**

- 1) The clinic is open during the fall, spring, and summer academic semesters. Hours of operation vary by semester.
- 2) During operational hours, students will have access to all areas of the clinic.
- 3) Before and after operational hours, students will have access to the student workroom only when the Parkway Building is open. To gain access to any other area of the clinic, students **MUST** make arrangements with a faculty or staff member in advance.
- 4) Keys to the cabinets containing client files and other secure information can be obtained from the Lead Clinical Supervisor or Office Assistant.

#### **Use of Clinic Equipment**

- 1) Audiovisual – During observations of clinical therapy sessions, the audiovisual monitoring equipment is reserved for use by the clinical faculty, with the exception of headphones.
  - a) Headphones may be used by students and family observers in the observation rooms. Headphones must be returned immediately after use. Students are permitted to use their own headphones.
  - b) Maintenance - Equipment is checked twice daily by supervisors and/or clerical workers to maintain appropriate working order. Please advise the Lead Clinical Supervisor or Office Assistant of any equipment that is not functioning properly.
- 2) Diagnostic Materials
  - a) Record forms, stimulus books, and test manuals are located within the clinic in the diagnostic materials cabinet.
  - b) Diagnostic materials must be used in the clinic during the day but may be borrowed overnight after clinic hours. Refer to the [Material Loan Procedure](#).
- 3) Therapy Materials are stored in the student workroom where they are readily accessible to students.
  - a) Students are responsible for returning materials to the appropriate cabinets/drawers/shelves **immediately following the therapy session**.
  - b) Therapy materials must remain in the clinic during the day but may be borrowed overnight after clinic hours. Refer to the [Material Loan Procedure](#).
- 4) Therapy Room Computers – The computers in the clinic are limited to official business of the speech-language services offered through the Stockton University Speech and Hearing Clinic. As a result, no IM, personal e-mail accounts, or personal uses of the computers are permitted.

## **Material Loan Procedure**

The following procedure must be followed for borrowing clinic materials overnight for review, keeping in mind the following:

- Materials may only be removed from the clinic when all client treatment sessions for the day have ended.
- Materials must be returned the following day by 9:00 a.m., before client treatment sessions begin.
- Materials that have not been signed in are the responsibility of the last student to have signed them out.

### *Therapy materials:*

- Complete the sign-out log located on the clipboard in Room 112
- Have the Lead Clinical Supervisor/Office Assistant authorize removal of therapy materials.
- Return therapy materials and indicate return date with initials.
- Have the Lead Clinical Supervisor/Office Assistant verify that therapy materials have been returned.

### *Diagnostic Materials:*

- See Lead Clinical Supervisor/Office Assistant to authorize removal of diagnostic materials.
- Using the Book Buddy iPad app, the Lead Clinical Supervisor/Office Assistant will loan the diagnostic materials to the student.
- Once materials are returned, the Lead Clinical Supervisor/Office Assistant will verify on the Book Buddy app.

## **Transportation**

It is the responsibility of the student to provide his/her transportation to and from all clinical sites. Students and faculty are **not permitted** to transport clients in private vehicles.

**STUDENT CLINICIAN ROLES AND RESPONSIBILITIES**  
**Stockton University Speech and Hearing Clinic**  
**Externship Practica**

**Liability Insurance**

Students who are participating in clinical placements either on or off campus, **which are required as part of the curriculum of their program of study**, are covered by the University's liability policy. A copy of the [Healthcare Professional Liability Policy for Matriculated Students at Stockton University](#) (declaration page) can be found in the Appendix of this Handbook. Students are also required to obtain additional coverage to cover personal assets, which may be subject to additional liability. Students should contact their personal insurance provider or apply for coverage through Mercer Consumer or Proliability ([www.proliability.com](http://www.proliability.com)) as a member of the National Student Speech-Language-Hearing Association ([www.nsslha.org](http://www.nsslha.org)).

→ Evidence of student liability insurance should be uploaded to My Record Tracker.

**Health Insurance Portability and Accountability Act (HIPAA)/Privacy Policies**

All members of the Master of Science in Communication Disorders Program, including students, staff, and faculty, are required to comply with the Federal Mandate of HIPAA as of April 2003. This mandate protects the privacy of clients and their information at the Stockton University Speech and Hearing Clinic and at any other site at which students, staff, or faculty may work/observe/visit. Failure to comply with the confidentiality requirements of HIPAA may result in legal action. Refer to the [HIPAA Violation Sanctions Policy](#).

**Formal HIPAA training must be obtained and proof submitted within the first semester of the MSCD program prior to acquiring any supervised observation or clock hours.**

- 1) There is a module available at no cost to Stockton students through the Collaborative Institutional Training Initiative (CITI) at [www.citiprogram.org](http://www.citiprogram.org). Student Clinicians completing this training should complete the module designated as *CITI Health Information Privacy and Security (HIPS) for Social and Behavioral Researchers* which includes the following required modules at a minimum:
  - a) *Basics of Health Privacy* (ID:1417)
  - b) *Health Privacy Issues for Students and Instructors* (ID: 1420)
- 2) Other online training options are available. Fees range from approximately \$20.00-\$30.00 and are the responsibility of the Student Clinician.
  - a) <https://www.hipaaexams.com> – use HIPAA Basics course
  - b) <https://www.hipaatraining.com> – use HIPAA General Awareness Training for Healthcare Professionals course
- 3) A printable **completion report** must be uploaded to My Record Tracker upon completion of the training and online examination.

### **Criminal Background Check**

Students must have criminal background checks completed prior to the start of their first semester in the MSCD program. Once the student completes and submits the information online, they must upload the document to My Record Tracker.

- 1) Per University policy, background checks must be completed through Certiphi by logging onto <https://applicationstation.certiphi.com/> and using the code **STOCKTONCOMMBC**. This identifies Stockton University and the *Communication Disorders Program*.
- 2) Background checks must be conducted **no earlier than two months prior** to start date of clinical practicum.
- 3) By completing the required background check online, students are giving their consent for Stockton University and the Stockton University Speech and Hearing Clinic, as well as any participating external practicum facilities, to receive those results from Certiphi.
- 4) External practicum sites may require an additional criminal background check immediately prior to the student's placement at that facility. If requested by an off-campus clinical practicum site, Student Clinicians must comply at their own expense. External facilities will evaluate the information resulting from a student's criminal record background check according to their own policies. The School of Health Sciences, MSCD Program, and the Stockton University Speech and Hearing Clinic will abide by the decision of each external practicum facility as to the acceptance of the Student Clinician at their agency.
- 5) Student information related to criminal background checks will be maintained by Certiphi and should be uploaded to My Record Tracker. It will also be kept in a secured, central file in the Speech and Hearing Lead Clinical Supervisor's office.
- 6) Background checks that are received by the MSCD Program marked **NOT CLEAR** will be reviewed and addressed by the MSCD Program on a case-by-case basis.

### **Cardiopulmonary Resuscitation (CPR) Training**

It is recommended that Student Clinicians have and maintain current certification in Cardiopulmonary Resuscitation Basic Life Support (CPR-BLS) and upload proof into My Record Tracker. Some medical externships also require a specific course and may offer it onsite as well. If the CPR certificate expires during the course of the semester, it is the Student Clinician's responsibility to upload a copy of the current certificate to My Record Tracker. Fees for training are the responsibility of the Student Clinician. CPR classes are offered through either the Red Cross or The American Heart Association. In addition, the Stockton University NSSLHA Chapter or Office of Continuing Studies periodically sponsor training sessions. The following are also options:

#### **American Heart Association Courses:**

*Basic Life Support (CPR and AED) Programs:* You could choose a one time in-person course, or a blended learning option in which you will complete an online course through American Heart Association, and finish by attending an in person, hands-on skills session with an AHA instructor <https://cpr.heart.org/en/courses/basic-life-support-course-options>.

#### Option 1: "HeartCode BLS Online"

- After completing the online course, complete certification with an in-person skills session led by an AHA instructor.

## Option 2: Classroom BLS

- Instructor-led, hands-on classroom format. **Prices vary by training center.** [Contact an AHA Training Center](#) in your area to sign up for in-person classes.

TIP: \*If choosing the blended learning option, be sure that the in-person class you sign up for is the correct class that supplements the online training (ex. if you are taking the HeartCode BLS Online course, sign up for the **BLS Provider Skills Session** class). If you are choosing to do the classroom only option, choose the **BLS Provider** class.

## Red Cross Courses:

- <https://www.redcross.org/take-a-class/bls>
- [ContinuingStudies@Stockton.edu](mailto:ContinuingStudies@Stockton.edu)

## **Health Insurance Coverage**

It is mandatory that students have health insurance as per NJ state law and Stockton University's policy <https://stockton.edu/wellness-center/health-services/insurance-requirements.html>. Student Clinicians **MUST** upload health insurance information to My Record Tracker. Your accident or injury is not covered directly by the University, costs are not reimbursable, and you are not eligible for worker's compensation.

## **Immunizations**

All immunizations that are required by the University, State law, as well as those recommended by the Centers for Disease Control and Prevention (CDC) must be up to date when students enter the MSCD program. Information on the University's Immunization Policies and Procedures may be found on the [Immunization Requirements](#) page.

## **Protection of Minors**

Stockton University serves more than 6,000 minors annually. University students, staff, and faculty interact with these individuals in a variety of ways. In an effort to ensure that all minors receive an enriching, educational, and safe experience, the university has developed a policy and procedure for the protection of minors. Student Clinicians should refer to the [Protection of Minors](#) website for necessary information and resources to further understand their role and responsibility in the protection of minors on campus.

Student Clinicians are considered Trained Assistants, in accordance with the Protection of Minors Policy and Procedure. A Trained Assistant is "an individual, paid or unpaid, who has received initial and annual online training in the Protection of Minors Procedure and must be supervised by an Authorized Adult(s) at all times". Student Clinicians **MUST** complete the [online training course](#) by logging onto Blackboard and self-enrolling in the Protection of Minors course. Verification of successful course completion will be conducted by the Lead Clinical Supervisor the first week of September. Upon successful completion, Student Clinicians should upload their certificate of completion to My Record Tracker.

## **Universal Precautions Training**

The Student Clinician acknowledges and accepts that the field of healthcare is continuously evolving. Some clinical sites may have inherent exposure to risk and they are expected to follow all clinical site safety policies and procedures including use of Standard/Universal Precautions and CDC guidelines. Student Clinicians must complete the following trainings prior to treating in the Stockton University Speech and Hearing Clinic or beginning externships; and proof of completion for each should be uploaded to My Record Tracker:

1. Universal precautions training through the Stockton Speech and Hearing Clinic
2. Online free training webinars through the World Health Organization (WHO) who.int. at <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/training/online-training>
  - a. Course 1: Standard Precautions: hand hygiene
  - b. Course 2: COVID-19: How to put on and remove PPE

### **Substance Abuse and Suspicion Policy**

The Stockton University [Academic Bulletin](#) explains the policies on substance abuse conduct both on campus and at off-site locations when functioning in the role of a Stockton student. Student Clinicians at off-campus clinical settings are also regulated by the specific facility's policies for substance use/abuse and/or suspicion of use/abuse. If substance abuse testing is requested by an off-campus clinical practicum site, Student Clinicians must comply with the request and provide documentation at their own expense.

Requirements for substance/drug screenings vary by facility and should be confirmed and completed prior to initiating the clinical practicum. This can be done through Certiphi using the code: **STOCKTONCOMMDRUG**

### **My Record Tracker**

The following documentation should be uploaded into the repository, My Record Tracker, at ([www.myrecordtracker.com](http://www.myrecordtracker.com)):

- Liability insurance
- HIPAA certification/training
- Criminal background check
- Health insurance coverage
- Protection of Minors training
- WHO Course 1: Standard Precautions: hand hygiene
- WHO Course 2: COVID-19: How to put on and remove PPE
- Universal Precautions Training Acknowledgement
- 2-step PPD
- COVID Vaccination Card
- Drug screening (if applicable)
- CPR training (if applicable)

If applicable for clinical externships, the following documentation will also need to be uploaded to My Record Tracker:

- Vaccinations or proof of immunizations
- Flu shot
- Hepatitis B
- Physical examination
- Fingerprint results
- Universal precautions site specific training
- Bloodborne pathogens course
- Infection control course
- Hazard communication course

### **Documentation of Clinical Hours**

Student Clinicians are responsible for documenting all clinical hours – including observation hours, diagnostic hours, and treatment hours – and recording them in *Typhon*, an electronic database. Observation hours should be documented on the Clinical Observation Log (see Appendix B2) and then uploaded as an external document into the Student Clinician’s account in Typhon. Observations completed prior to matriculation at Stockton should be submitted to the MSCD Program Chair for approval. Diagnostic and treatment hours will be logged electronically in Typhon. Typhon can be accessed by logging on to [www.typhongroup.net](http://www.typhongroup.net). Students will receive information on setting up a Typhon account affiliated with Stockton’s MSCD program from the Clinical Fieldwork Coordinator during the first semester of clinical practica.

## **STUDENT CLINICIANS' PERSONAL CLINICAL FILES**

Personal clinical files for current and graduated Student Clinicians will be maintained by the Lead Clinical Supervisor and kept in a secured location, organized first by graduation year and second alphabetically.

Personal clinical files will contain the following documentation while the Student Clinician is enrolled in the MSCD program and when the student exits the program:

1. Evaluation of Clinical Competence documents (All Clinical Practica)
2. Signed Clinical Policy and Procedure Agreement
3. Attestation of Essential Functions for Admission and Retention
4. Observation hours log(s)

Additional documentation for program and practicum requirements, where appropriate, may be referenced and verified through My Record Tracker and/or through Typhon.

## **STUDENT CLINICIAN e-PORTFOLIOS**

Students in the MSCD Program are required to develop and maintain a professional portfolio, which will be housed in *Typhon*. A professional portfolio is an organizational tool that provides students with a means to document their progress toward achieving professional competence as speech-language pathologists. Student portfolios are a personal representation of the journey through the MSCD program and should reflect what students have learned along the way, (i.e. formative assessment) about the practice of speech-language pathology as well as what they know and can do (i.e. summative assessment) by the conclusion of the program. The portfolio may include a variety of artifacts that demonstrate a student's knowledge, skills, and beliefs or attitudes about the practice of speech-language pathology. Just as an artist's portfolio shows the evolution of the artist's craft over time, student portfolios should demonstrate growth and development as a speech-language pathologist. Those who access a student's portfolio should have a clear understanding of that student's current knowledge and skill levels and an impression of how they arrived at where they are today. For additional information and guidance on how to develop an ePortfolio, students should refer to the [MSCD Program Handbook](#).

**PROFESSIONAL STANDARDS/DRESS CODE**  
**Stockton University Speech and Hearing Clinic**  
**Externship Practica**

*Dress and Behavior Guidelines:*

- Good personal hygiene must be practiced by every student. Student Clinicians are responsible for maintaining personal cleanliness of themselves and their clothing. This includes keeping nails short and manicured.
- The health and safety of the Student Clinicians and the clients are important in considering attire. Clothing and shoes should be business casual, as appropriate, and project a professional appearance. Student Clinicians should wear their MSCD polos with neutral-colored bottoms and/or lab coats, as appropriate.
- Student Clinicians should refrain from smoking just prior to a scheduled therapy session, whether providing services or observing.
- Student Clinicians should wear a watch in order to keep track of time during sessions. Within the clinic, the workstations in each therapy room can be used to display time as well.

**Note: Cell phones may only be used when working with clients for APPROVED purposes and must be cleared with the Lead Clinical Supervisor and/or supervisor prior to implementing their use.**

- Gum chewing is not permitted at any time.
- With the exception of a water bottle or when necessary for therapy/diagnostics, food and drinks should not be brought into sessions with clients.

**If off-campus facilities/sites provide specific policies regarding ANY of the above, those policies take precedence.**

## **CLINICAL METHODS APPLICATION COURSE CMDS 5900**

MSCD students will be enrolled in the Clinical Methods Application course (CMDS 5900, 2-credits) during their first semester.

Students should refer to the current syllabus for information regarding all course-related assignments and course requirements. Course requirements include weekly class meetings, treatment session times, and any additional course informational sessions as assigned by course instructor(s).

### *Documenting Hours*

Students are required to document clinical hours using the electronic database system (*Typhon*) selected and monitored by the University and the MSCD program. Guided observation hours should be documented via the Clinical Observation Log where appropriate (see Appendix B2). Students are responsible for maintaining documentation of all clinical hours for licensure and certification. Logins for the electronic database will be given to students individually by the MSCD program.

## **CLINICAL PRACTICUM I COURSE CMDS 5901**

MSCD students will enroll in the Clinical Practicum I course (CMDS 5901, 2-credits) during their first year in the program. As part of this course, students will obtain treatment clock hours under the direct supervision of a licensed, certified speech-language pathologist. This course will afford students the opportunity to “interpret, integrate, and synthesize core concepts and knowledge; demonstrate appropriate professional and clinical skills; and incorporate critical thinking and decision-making skills while engaging in... planning, implementation, and intervention” with clients (ASHA, 2020). Successful completion of this course is required for enrollment in externship practica courses.

**Stockton University Speech and Hearing  
Clinic**  
**Policies and Procedures**

## **FEES FOR SERVICE**

Following is the list of fees approved by the College Board of Trustees, effective fiscal year 2022:

### **Evaluation Fees - Audiology**

Audiological Evaluation: \$100.00

Audiological Follow-up Evaluation: \$50.00

(C)APD Evaluation: \$350.00

### **Evaluation Fees – Speech/Language**

Initial Evaluation: \$120.00\*

\*The initial evaluation fee will be subtracted from the registration fee should the examinee enroll for therapy for that current semester.

### **Therapy Fees**

Registration fee per semester: \$250.00\*

At this time, enrollment of Medicare beneficiaries is limited to those without medical necessity.

Fees are subject to change with approval by the College Board of Trustees.

- The registration fee will be a one-time, all-inclusive fee for speech/language therapy and diagnostics services carried out each semester. It does NOT include audiological services or any other secondary services (e.g., occupational therapy).
- Services may be delivered face-to-face, via telepractice, or a combination of both. This should be determined at the start of each semester. **This is subject to change in the interest of public health and safety during the COVID-19 pandemic. The Speech & Hearing Clinic will comply with all state mandated regulations as ordered by the Governor.**
- Speech and language services are free to current Stockton students.
- The semester registration fee is due in full at the start of each semester. Fees may be paid in cash or check at the clinic. Credit cards are accepted through a secure payment portal.
- Student Clinicians may not accept payment from clients or caregivers.

## **CANCELLATION POLICY**

Canceling clients by Student Clinicians is UNACCEPTABLE. Should an emergency arise, the following procedure must be followed:

1. The Student Clinician will contact their direct clinical supervisor, the Lead Clinical Supervisor, and Office Assistant AS SOON AS POSSIBLE:

Email: ([Amanda.Copes@stockton.edu](mailto:Amanda.Copes@stockton.edu)) ([Linda.Boyd@stockton.edu](mailto:Linda.Boyd@stockton.edu))  
Clinic Phone: 609.652.4920 (Leave message if needed.)

2. The Student Clinician MUST have the treatment plan available to email, should another clinician or supervisor cover the session.
3. Be advised that the session may be rescheduled to a time that is convenient to the clinician, supervisor, and the client.

Note: *Failure to adhere to this policy will result in a grade of '0' for that session.*

## **POLICY FOR CUSTODIAL/FOSTER CARE**

- All clients under the age of 18 must have representation by a parent or legal guardian.
- Parent or legal guardian must complete and sign all clinic forms related to consents for services, case history, and receipt or remission of other therapeutic/medical documentation, etc.
- If client's representative is not a biological parent, legal documentation of guardianship must be provided.
- Client information will not be released to any party unless specifically named by parent or legal guardian on the Speech and Hearing Clinic Consent for Services form. This includes written, electronic, and verbal information regarding reports, diagnosis, progress, attendance, etc.
- Clients will not be released to any party other than parent/legal guardian unless specifically named on the Consent for Services form.

## **PROCEDURES FOR NEW REFERRALS**

When a referral is made to the clinic, the New Client Information Form will be completed upon initial contact. Following this, the client will receive an intake packet via preferred means (email, U.S. Mail, or face-to-face meeting) and will need to complete and return the packet prior to enrollment for services. Copies of the forms contained in the intake packet are found in Appendix B1 of this document.

## **CLIENT SATISFACTION SURVEYS**

At the end of each semester, clients who were enrolled at the Speech and Hearing Clinic and who received therapy services will be sent access to a [Client Satisfaction Survey](#).

## PROCEDURES FOR OBSERVING IN THE SPEECH AND HEARING CLINIC

**\*Please note: The following procedures are subject to change in the interest of public health and safety during the COVID-19 pandemic**

- No one is permitted to observe in the clinic without the permission of the Lead Clinical Supervisor, Clinical Supervisor, or designated faculty member.
- Anyone observing in the clinic MUST FIRST sign the Stockton University Speech and Hearing Clinic Confidentiality Agreement.
- The clinic schedule is posted in Room 112 approximately two weeks in advance but is subject to change.
- Only three (3) students may sign-up to observe a session at a time. If room needs to be made in the observation rooms for parents/family members, observing students (third student to sign up) may be asked to move to observe a different session or reschedule the observation.
- If a student cannot attend a session for which they are scheduled to observe, they are to call the clinic to cancel so that another student may observe instead.
- Students may read the client's chart before or after observing the session. Students need to enter their name and Z number on the Access Log located on the client's file along with the date they viewed the file and reason for review. Students are also welcomed to speak with the Student Clinician for information regarding the session.
- **Under no circumstances may client records or copies of records be removed from the Speech and Hearing Clinic.**
- Arrive at the clinic prepared to observe at least 15 minutes prior to the start of the session.
- Keep the light in the observation room off at all times, as this can be seen through the window/mirror.
- There should be absolutely no talking in the observation room. Above all, the client should not be openly discussed in the observation room; **confidentiality is extremely important.**
- If observing parents or family members ask any questions, kindly refer them to the treating clinician(s) or supervisor.
- Students may use the headphones supplied by the clinic or bring their own. If the clinic's headphones are used, please be sure to wipe them off with the disinfecting solution available in the observation room or clinic workroom when finished.
- Students may refer to copies of the Student Clinician's treatment plans while observing and may take notes; however, if any information is left in the observation room following a session, it will be shredded.
- While observing in the clinic, students will dress and act professionally at all times.
- Recall that parents, family members, or significant others may also be observing; thus, students are expected to display professional behavior at all times when in the clinic.

## **CLINICIAN/CLIENT ASSIGNMENTS**

### **Stockton University Speech and Hearing Clinic**

The Lead Clinical Supervisor is responsible for making all clinician-client assignments. The Lead Clinical Supervisor may seek input regarding assignments from clinical supervisors and faculty. For the on-campus clinical practica, the Student Clinician's prior clinical experiences (if applicable) will be reviewed to ensure they are getting a variety of client population experiences. In addition, the Student Clinician's coursework will be reviewed to be sure they have had the prerequisite courses. The Lead Clinical Supervisor will obtain Student Clinician, supervisor, and client availability and coordinate the schedule. Clients are scheduled for evaluations and therapy by the Lead Clinical Supervisor.

In the event that a student is assigned a client before the student has completed all relevant coursework, the student will receive preparation through:

- Individual meetings with the Lead Clinical Supervisor/Supervisor/Faculty
- Supplemental readings, videos, or other tutorials
- Opportunities to shadow/observe other Student Clinicians or practicing clinicians (in-person, Master Clinician Network, etc.)
- Opportunities to complete simulation experiences

## CLIENT FILES

**\*Portions of the following procedures are subject to change in the interest of public health and safety during the COVID-19 pandemic.**

### **Client Confidentiality**

In compliance with the *Health Insurance Portability and Accountability Act (HIPAA)*, which governs privacy and client confidentiality regulations, the following guidelines regarding confidential client information will be adhered to:

- No part of a client's file may be copied, printed, and/or removed from the clinic by the Student Clinician.
- Information may only be accessed on a "need to know basis"; that is, information may only be reviewed and discussed by/with those involved in the client's care in a secure location.
- Identifiable client information **may not** be stored on flash drives, personal devices, or on cloud-based systems.
- E-mail with clinical information may **only** be sent to other Stockton e-mail accounts. Student Clinicians may e-mail evaluation reports, treatment plans, and progress reports to their supervisor at their Stockton e-mail address. Student Clinicians ***may not*** e-mail clinical information to external supervisors who do not have Stockton email accounts. Any documents sent electronically **MUST** be de-identified, as per the Safe Harbor Methods noted by the Department of Health and Human Services. Click for [Guidance on Satisfying the Safe Harbor Method](#)

### **Client Chart Management**

Student Clinicians have been granted access to a secure drive on the Stockton network that will allow them to have access to established client files. These files include client case histories, diagnostic information, treatment plans, mid-semester progress notes, and semester progress reports. Printed copies of the same information can be found in the client's permanent file, located in the locked black cabinet in Room 112 of the Speech and Hearing Clinic.

Client electronic charts are housed in a secure drive. To access this drive, students may:

- Log onto a computer within one of the clinic treatment rooms (using the designated SPEECH log-on information indicated on the computer screen) and click on the file folder titled X: *Client Files*.
- Alternately, students may access this drive from a secure location using the *TeamViewer* application. Procedures for use of *TeamViewer* will be provided as part of course syllabi, where appropriate.

Student Clinicians may not make any changes to existing documents, print out edits made to existing documents, or modify any documents on the secure drive in any fashion.

The data stored will be backed up nightly by Information Technology Services.

## Permanent (Printed Copy):

### Access

Client charts are maintained by the faculty and staff within the clinic. Any access by Student Clinicians, student observers, and/or faculty and staff **MUST** be noted in the client's file on the Access Log Form. Notations include viewer's printed name, initials, Z number, and reason for access. If a client's chart is removed from the file cabinet to be viewed in an alternate secured location, the viewer **MUST** enter the removal on the Client File Sign-Out Sheet maintained by Office Assistant.

### Organization

Current client charts are maintained alphabetically in the clinic in the following manner, with all underlined documents available in Appendix B1:

#### a) Folder A

- The permanent file includes client demographic information, notices, consent forms, evaluation reports, and progress notes arranged as follows:
- Left Side – top to bottom
  - (1) Access Log Form
  - (2) New Client Information Form
  - (3) Case History (Adult/Child)
  - (4) Allergy Alert Form
  - (5) Acknowledgement of Receipt of Privacy Practices
  - (6) Consent for Services
  - (7) Consent to Use Video/Pictured Images
  - (8) Consent to Use Food
  - (9) Consent to Release/Receive Records
  - (10) Acknowledgement of Cancellation Policy
- Right Side – Evaluations, progress notes, and semester progress reports are arranged chronologically with most recent on top

#### b) Folder B (may include more than one)

- Left Side – top to bottom with most recent semester on top
  - (1) Client Attendance Calendar
  - (2) Communication Log
- Right Side – arranged chronologically with most recent on top
  - (1) Archived Treatment Plans

#### c) Optional Folder C (Occupational Therapy)

- Left Side – top to bottom with most recent documentation on top
  - (1) Occupational therapy intake information, case history paperwork, diagnostic information, protocols, etc.
- Right Side – arranged chronologically with most recent on top
  - (1) Archived Session Notes

Discharged client charts are maintained in the clinic in a locked file cabinet until disposition. They are organized alphabetically and are separate from current client files. They are the responsibility of the Lead Clinical Supervisor and/or clerical worker as delegated.

## EVALUATION PROCEDURES

Clients may be evaluated using appropriate diagnostic instruments in the Speech and Hearing Clinic by speech-language pathologists employed by the University and/or by Student Clinicians under the supervision of licensed, certified speech-language pathologists. Student Clinicians may be asked to perform diagnostic evaluations while enrolled in other courses in addition to their on-campus clinical practica (e.g., Diagnostics Methods – graduate level). The following evaluation procedures will be followed:

1. Diagnostic evaluations are assigned for completion by the Lead Clinical Supervisor.
2. A thorough chart review will be completed to determine which assessment tools are appropriate to use for client evaluation.
3. Student Clinicians will meet with their clinical supervisor prior to the evaluation date to review testing procedures.
4. A parent/caregiver/client interview must be conducted as part of the initial evaluation.
5. A diagnostic evaluation report must be completed for all formal evaluations conducted. If the evaluation is completed by an SLP, the SLP will complete the report, sign it, and file it in the client's file. If the evaluation is completed by Student Clinicians, the Student Clinicians will generate the report and have it approved by the clinical supervisor prior to filing. The Diagnostic Report Template can be found in Appendix B2.

Clients who receive evaluations at an external facility must have the report sent to the Stockton University Speech and Hearing Clinic prior to the initiation of treatment.

### **Hearing Screenings**

All clients new to the clinic must be administered a hearing screening by the treating clinician *if* evidence of a recent hearing screening/evaluation is not available.

### **Plans of Care**

Plans of care are determined by the clinical supervisor based on results of formal evaluation and in discussion with the Student Clinician.

### **Re-evaluations**

- Clients of the clinic may be re-evaluated as indicated by attainment of objectives or indication/concern of new areas of difficulty in an effort to determine need for continued services and plan of care.
- The need for re-evaluation is first discussed by Student Clinicians and the clinical supervisor, then the parent/client and clinical supervisor.
- Clients that may benefit from a formal re-evaluation may be scheduled during the spring semester each year in alignment with the Diagnostic Methods course.
- Re-evaluations follow the evaluation procedures (1-5) above.

### **On-going Assessments**

Student Clinicians should be aware that assessment is a dynamic process and should be ongoing. If necessary, changes in plans of care may be indicated based on a client's abilities and the nature and degree of communication deficits.

## THERAPY PROCEDURES

### General Requirements, Procedures, and Guidelines

*All documents underlined can be found in Appendix B2*

Additional information regarding CFCC allowances for graduate programs and graduate students during the COVID-19 pandemic can be found at <https://www.asha.org/certification/covid-19-guidance-from-cfcc/>

### *Infection Control and Universal Precautions*

*\*This information is subject to change.*

All Student Clinicians and clinical supervisors are responsible for adhering to universal precautions when seeing clients.

1. Before and after therapy sessions, Student Clinician(s) are required to wipe down all tables, chairs, doorknobs, toys/games/materials used during the session with 1:10 bleach/water solution, as recommended by the CDC.
2. Gloves are to be worn during any existing or potential contact with any body fluids.
3. Procedure for cleaning up bodily fluids such as vomit and urine: Section off the area. Sprinkle *Renown Odor Absorbent and Eater*. Then call Custodial staff for further clean up.
4. Clerical workers are responsible for wiping down tables in waiting room, toys in waiting area playroom, and headphones in observation rooms.
5. The following items are available in the following areas: Waiting Room, Therapy Rooms, and Observation Rooms
  - a. Hand sanitizer (All three areas)
  - b. Tissues (All three areas)
  - c. Waste baskets (All three areas)
  - d. Paper towels (Therapy Rooms)
  - e. Sanitizing solution (Therapy Rooms)

→ Clerical workers are responsible for maintaining stock of the above items in the appropriate areas, and Student Clinicians are responsible for replacing items if needed.
6. A first aid kit is housed in the clinic. Student Clinicians should see their clinical supervisor or the office assistant for assistance. Student Clinicians should also refer to the [Clinic Accident/Injury Response Procedures](#).

### *Therapy Sessions*

Therapy sessions are 50 minutes in length, unless otherwise noted. The last 5 minutes of each session should be spent discussing session/progress with caregiver/client. Cancellations/rescheduling must adhere to the Clinic Cancellation Policy.

1. Scheduling
  - a) Therapy sessions for each semester are scheduled based on client/caregiver request, Student Clinician schedules, and supervisor availability.

- b) Clients may schedule at any time during the semester and may request schedule changes for consideration at any time.
- c) All initial scheduling and scheduling changes must be approved by Lead Clinical Supervisor.
- d) Therapy sessions are scheduled during clinic operational hours. Times will vary depending on the semester.
- e) Therapy sessions are typically scheduled once or twice a week, depending on the needs of the client as determined by the clinical supervisor and/or client/caregiver request. Therapy sessions will ONLY be scheduled once per week in the fall semester.
- f) Therapy sessions can be scheduled with a delivery of face-to-face, via telepractice, or a combination of both where appropriate and allowable.
- g) The CFCC has extended the following allowances for telepractice **until December 31, 2022**:
  - Multiple students may participate in the same session. Each student who is actively participating in the session will earn the full hour toward the completion of their clinical practicum.
  - Up to two SLP graduate student clinicians who are actively engaged with one client/patient during a session may each count the full hour toward their minimum supervised clinical practicum hours.

## 2. Supervision

- a) All sessions are supervised by a licensed, certified speech-language pathologist.
- b) As regulated by the American Speech-Language-Hearing Association (ASHA), “the amount of direct supervision must be commensurate with the student’s knowledge, skills, and experience; must not be less than 25% of the student's total contact with each client/patient; and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the individual receiving services.” (Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. (2018). *2020 Standards for the Certificate of Clinical Competence in Speech-Language Pathology*. Retrieved 7/25/19 from <https://www.asha.org/certification/2020-SLP-Certification-Standards>.)
- c) **As of January 1, 2021**, clinical educators and supervisors of graduate student clinicians must meet all supervisory requirements as outlined in [Standard V-E](#) of the 2020 SLP Certification Standards
- d) CFCC has extended the following allowances for telesupervision **until December 31, 2022**:
  - *Clinical educators may supervise more than one telepractice session concurrently.* Clinical educators must be available 100% of the time to each session and must provide a minimum of 25% direct supervision of the total contact time with each client/patient (similar to in-person supervision requirements).
    - The CFCC defines "available" as line of sight, which means having all concurrent telepractice sessions in view 100% of the time.

## 3. Procedures – When working with clients in the Speech and Hearing Clinic:

- a) Student Clinicians are required to write a treatment plan for each session that includes functional objectives and creative activities aimed at progressing clients toward those objectives. The [Treatment Plan Template](#) can be found in Appendix B2.
- b) Student Clinicians will track data (client’s responses) to document progress. A variety of data collection instruments are available in the clinic; two examples can be found in Appendix B2. Student Clinicians may also use their own form of documentation for data collection.
- c) Following each therapy session, Student Clinicians will complete a session SOAP note to document client performance.

- d) Additional client documentation will include mid-semester progress notes and end of semester progress reports. The Mid-Semester Progress Note and the Semester Progress Report templates can be found in Appendix B2.
- e) Once weekly, Student Clinicians are required to meet with their clinical supervisor in a conference to discuss their sessions, answer/ask questions, and engage in preparation for upcoming sessions.
- f) Student Clinicians will engage in ongoing self-reflection exercises pertaining to their learning. The contexts for reflection will vary and may include weekly session reflections, mid-term and final semester reflections, reflections pertaining to specific learning experiences, etc.
- g) Student Clinicians will receive qualitative and quantitative feedback from their clinical supervisor every session carried out with clients. Additional feedback will be provided as appropriate to be reviewed and discussed as part of the supervisory process.
- h) Students will also have the opportunity to evaluate their clinical supervisor via the University's IDEA program or by an alternate means established by the course instructor.

#### *HIPAA Regulations*

All documents created in reference to clients shall follow the procedures set forth for de-identification. Only de-identified documents may be transmitted electronically amongst Student Clinicians and clinical supervisors. Periodic reminders regarding HIPAA rules and regulations will be disseminated to Student Clinicians and documented to ensure compliance with its mandates.

#### *Clinic Accident/Injury Response Procedure*

If an accident or injury occurring within the Clinic is deemed an emergency, proceed as follows:

1. Alert your supervisor or the Lead Clinical Supervisor immediately and proceed with emergency protocol by dialing 9-1-1.
2. Document important details which need to be shared with the emergency team. Stay with the client until help arrives.
3. Complete the [Accident and Injury Reporting Form](#) with details of the event.

If accident or injury do not require an emergency protocol, proceed as follows:

1. Alert your direct clinical supervisor and the Lead Clinical Supervisor to the event.
2. Alert your client's family/caregiver/parent of the situation.
3. Provide first aid, as appropriate (wash with soap and water, provide band aid, etc.), while abiding by universal precautions.
4. Complete an Accident and Injury Reporting Form describing the details of the situation.

# **Externship Practica** **Policies and Procedures**

## EXTERNSHIP PLACEMENT PROCEDURES

*All documents underlined can be found in Appendix C.*

Upon completion of an on-campus clinical practicum, student clinicians will complete two semesters of full-time clinical externship practica at participating approved external facilities. Students must successfully complete CMDS 5901, Clinical Practicum I on campus in the Speech and Hearing Clinic, prior to an external clinical practicum placement. Contracts (Affiliation Agreements) are established between the site and University for all placements used for external facilities. The Clinical Fieldwork Coordinator will obtain electronic information and contracts (affiliation agreements) from each site prior to student placement to ensure that each external facility has the clinical population and personnel to meet the educational needs of each student assigned to that site in accordance with [ASHA Standards](#).

1. All clinical practicum assignments will be determined by the Clinical Fieldwork Coordinator with collaboration/input with the Lead Clinical Supervisor as applicable, the Program Chair as applicable, any previous clinical educators, and applicable MSCD faculty.
2. The student's prior clinical experiences will be reviewed to ensure a variety of clinical experiences across the lifespan with culturally and linguistically diverse populations. Additionally, the student's coursework will be reviewed to ensure they have the academic prerequisites for the placement.
3. In the event that a student is assigned a placement before the student has completed all relevant coursework pertaining to that placement, the student will receive preparation through the following measures:
  - Individual meetings with the appropriate mentor: Lead Clinical Supervisor, clinical educator, practicum instructor, faculty member;
  - Supplemental readings, videos, or other tutorials;
  - Opportunities to shadow/observe other student clinicians or practicing clinicians
4. The student's academic and clinical performance, interaction and personal qualities, as well as professional behavior will be considered before recommending and/or assigning him/her/them to an external practicum. In addition, some external facilities may require a student clinician to complete and submit the following prior to being selected for an externship: application, resume, portfolio, writing samples, letters of recommendation, cover letter, transcript and/or participate in a competitive interview process. The external facility will then decide if the student has been accepted for the externship at their facility.
5. Students are required to complete the Externship Interest Survey at least one semester prior to each off-site externship clinical placement. The student is required to list their current address and contact information that will be used to arrange and secure the placement. The student will have the opportunity to express *only* areas of interest via the Externship Interest Survey. Students are not permitted to request specific externship placement sites.
6. Students will be informed by the Clinical Fieldwork Coordinator of their placement prior to initiation of the semester for which they are enrolled in a clinical externship. If the student indicates that they are unable to fulfill the requirements of the external placement, they can drop the clinical practicum course and will be required to reenroll the following

semester. Students should be aware that delaying enrollment in an external clinical practicum experience will most likely delay them from graduating on time.

7. The start and end dates and times for a clinical externship practicum will be set and finalized by the Clinical Fieldwork Coordinator in collaboration with the external clinical externship site. Start and end dates and times should not be arranged directly between off-campus clinical externship sites and students.

Unless a site has arranged for a different start and/or end date before an off-campus clinical externship placement was finalized by the Clinical Fieldwork Coordinator and off-campus clinical externship site, the start date for *all* students will be **the first day of the semester (when classes begin), and the end date will be the last day of class before the final exam period (not when the term ends)**, according to the Stockton University Academic Calendar\*. Any exceptions to the predetermined start and end dates may only be considered for extenuating circumstances. Changes to the start and end dates must be approved by the Clinical Fieldwork Coordinator in collaboration with MSCD program faculty and staff. Start and end dates should not be changed solely between off-campus clinical externship sites and students.

Students should be prepared to report to their site prior to the official start date of the semester to complete required preliminary site procedures such as completing paperwork, attending orientations/training or meetings as well as conducting observations or shadowing.

*It is the responsibility of the Clinical Fieldwork Coordinator to serve as the liaison between MSCD program and the School of Health Science and to keep a record of when all Student Clinicians are present or absent from an off-campus practicum site including orientations, observations, meetings, start, and end dates. The Clinical Fieldwork Coordinator should be informed by both the off-campus externship site and Student Clinician if any changes to schedule or location occur at any time. This is to ensure the safety and liability of all Student Clinicians.*

**All** absences including the two (2) excused and approved are required to be made up on the weekend or beyond the ending dates of the externship, as agreed upon by the site Clinical Educator and Clinical Fieldwork Coordinator.

8. Prior to beginning of an off-campus practicum, Student Clinicians should complete the Student Practicum Preparation Checklist to ensure that all criteria for acceptance at their desired practicum are met. Students should complete this document and return it to the Clinical Fieldwork Coordinator.

## GENERAL EXTERNSHIP PRACTICUM RESPONSIBILITIES

As Student Clinicians entering a healthcare or educational profession, there are certain public health requirements to which our program expects students will adhere. All immunizations that are required by State law and that are also recommended by the Centers for Disease Control and Prevention (CDC) must be up to date when students enter our program. People who are not correctly immunized pose a significant public health risk to their patients, co-workers, and themselves. Seasonal flu shots are being required by many external clinical sites, and these sites will not accept Student Clinicians who have not had this immunization. It is best to try to obtain a flu shot early in the season.

The Student Clinician is expected to become familiar with the specific requirements of his/her/their anticipated externship site(s). If necessary documentation is not up to date – including criminal background checks, fingerprinting, and drug/substance abuse testing, and any other facility-specific requirements – acceptance at a medical and/or educational clinical site cannot be guaranteed. This could affect a Student Clinician's timely progression through the program, prevent a Student Clinician from participating in a variety of clinical experiences, and ultimately prevent the Student Clinician from graduating.

The Student Clinician is expected to complete the MSCD Externship Plan within the first week of their clinical externship practicum course with all the Clinical Educators they will be working with at the off-campus facility.

While the specific requirements of the externship site are paramount, Student Clinicians must meet the following expectations during any externship clinical practicum:

- Be prepared to commute up to 90 minutes (each way) and have reliable transportation.
- Attend the practicum at the hours specified by the off-campus facility, which may be before 7 a.m. and after 5 p.m. Student Clinicians are also expected to follow the off-campus facilities calendar and not the Stockton academic calendar for the semester. Students are permitted no more than two absences per semester. See current syllabus for full policy.
- Be prepared to complete all tasks as prescribed/assigned by the on-site Clinical Educator(s) in the areas of evaluation, intervention, and interaction and personal qualities. Preparation includes, but is not limited to:
  - client chart review;
  - collection and practice of therapy/diagnostic materials on or off-site;
  - actual administration of testing and/or therapy;
  - scoring and interpretation of testing/results/session data;
  - SOAP note/summary/report writing/goal selection;
  - completion of additional projects as assigned; and
  - attendance at meetings related to clients on your caseload.
- Submit clinical clock hours and obtain the Clinical Educator's signature/approval via Typhon, the electronic database.
- Accept, reflect, and use Clinical Educators' feedback as a means of making clinical growth. Students should initiate discussion with the on-site Clinical Educator(s) if questions, need for

clarification, or concerns arise with any aspect of the clinical practicum experience. Students may also contact the Clinical Fieldwork Coordinator.

- Refer to *Clinic Professional Standards/Dress Code* for appropriate professional dress. Keep in mind, however, that each externship site will have its own dress code, and it is the Student Clinician's responsibility to follow that dress code as well.
- Adhere to the *ASHA Code of Ethics* and behave professionally – this includes outside the off-campus facility, on campus, and when utilizing any social media. The following are the professional behavior standards expected of Student Clinicians of Stockton University. In addition, students must adhere to the Professional Performance Standards explained in the [MSCD Program Handbook](#).
  - Abide by set policies and procedures set forth by facility (includes externship facility)
  - Demonstrate dependability/punctuality
  - Meet deadlines
  - Accept designated workload without complaint
  - Demonstrate time management skills
  - Display a positive and dedicated attitude towards learning
  - Take responsibility for own learning/shows initiative
  - Accept constructive criticism and feedback
  - Take measures to improve clinical skills based upon constructive feedback
  - Demonstrate intact organizational skills in all aspects of clinical practice
  - Ensure written communication is complete, legible, and considerate of appropriate spelling, grammar, and mechanics
  - Balance personal and professional obligations
  - Abide by privacy criteria set forth through HIPAA and site-specific rules and regulations
- Recognize that it is ultimately the *Student Clinician's* responsibility to take the initiative to complete all the course requirements of the off-campus externship practica successfully – not that of the externship Clinical Educators or the Clinical Fieldwork Coordinator.

## SUPERVISION IN EXTERNSHIP PRACTICA

1. *On-Site Clinical Educator* – Prior to being selected, the On-site Clinical Educator(s) initial and sign a Written Agreement to Supervise a Graduate Student Clinician form to acknowledge that they are aware of and will adhere to ASHA Standards for clinical supervisors. The on-site Clinical Educator(s) also complete a Documentation of Information for Clinical Externship form that notes pertinent clinical educator information including license and certification numbers.. The documentation also provides information regarding the days and times of the externship as well as identifying typical activities, clients, diagnosis, cultural backgrounds and ages seen at the facility. Clinical educators provide(s) direct supervision of Student Clinicians. The expectation of the clinical educator is to provide supervision (direct observation) at least 25% of the time; however, be on site 100% of the time, according to ASHA’s requirements. Clinical educators are encouraged to allow the student to start with some observation, and then employ a gradual release of responsibility, based on the student clinician’s needs and experience, to promote eventual independence. Formal feedback is provided to students at least twice during the semester via the Evaluation of Clinical Competencies document for Evaluation (Diagnostics), Intervention (Treatment), and Interaction and Personal Behaviors/Professional Behavior. This document will be completed in Typhon by the On-site Clinical Educator(s) and subsequently reviewed formally with the student. This will be completed at mid-term, as well as at the end of the semester for the final. Clinical Educators are also given the option to take an anonymous survey, the On-Site Clinical Educator Program Evaluation, to provide feedback about the program. This will be completed in Typhon.
2. Once Student Clinicians begin any off-site clinical practicum, they must complete the Student Practicum Preparation Checklist and return it to the Clinical Fieldwork Coordinator. During the first week of their practicum, Student Clinicians MUST meet with their on-site Clinical Educator(s) and complete the MSCD Externship Plan. This document is used to allow for the student and clinical educator to discuss goals for the experience as well as identify specific learning and supervising styles. This document should then be turned in on the due date specified by the Clinical Fieldwork Coordinator.
3. The Clinical Fieldwork Coordinator periodically monitors the clinical education provided in the external facility via several email correspondences, phone and/or virtual conferences and/or visits to the facility as appropriate. Confidential Concerns Surveys are also sent to the students twice per semester to ensure confidence in the clinical educator, site and experiences.
4. *Student* – Student Clinicians are expected to complete a paper copy of the Evaluation of Clinical Competencies at both mid-term and final as a means of self-reflection and should share these results with their Clinical Educator. At the end of the Student Clinician’s off-site clinical experience, Student Clinicians are to complete the Student Evaluation of Supervision and Facility in Typhon to provide feedback about their clinical experience.

## ACCIDENT AND INJURY POLICY FOR GRADUATE STUDENTS

### What to Do If You Are Injured During an On-Campus/Externship Practicum

- Whenever you suffer an injury or become ill while at the clinical site, you should report immediately to the clinical supervisor.
- In the case of an apparent serious injury or illness, the clinical site supervisor must either call 9-1-1 and arrange for transportation to the hospital or drive you immediately to the nearest hospital Emergency Room if safe to do so.
- The clinical site supervisor, or designee at the clinical site, must immediately notify by telephone the following people, as designated below by the Student Clinician, of the injury/illness and also the name and location of the destination hospital.
- The Accident and Injury Policy for Graduate Students in Clinical Practicum is provided in Appendix C.
- The clinical site supervisor, or designee, should make sure an accident report is filled out and faxed to either the Speech and Hearing Clinic's Lead Clinical Supervisor (for on-campus incidents) or the Clinical Fieldwork Coordinator (for incidents happening at an externship site). Refer to the document entitled [Intern Accident/ Illness/Injury Record Form](#) for completion.

# **Appendix A**

## **ASHA Code of Ethics**



AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

## Code of Ethics

Reference this material as: American Speech-Language-Hearing Association. (2016). Code of Ethics [Ethics]. Available from [www.asha.org/policy](http://www.asha.org/policy).

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## Preamble

The American Speech-Language-Hearing Association (ASHA; hereafter, also known as “The Association”) has been committed to a framework of common principles and standards of practice since ASHA’s inception in 1925. This commitment was formalized in 1952 as the Association’s first Code of Ethics. This Code has been modified and adapted as society and the professions have changed. The Code of Ethics reflects what we value as professionals and establishes expectations for our scientific and clinical practice based on principles of duty, accountability, fairness, and responsibility. The ASHA Code of Ethics is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions.

The ASHA Code of Ethics is a framework and focused guide for professionals in support of day-to-day decision-making related to professional conduct. The Code is partly obligatory and disciplinary and partly aspirational and descriptive in that it defines the professional’s role. The Code educates professionals in the discipline, as well as students, other professionals, and the public, regarding ethical principles and standards that direct professional conduct.

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by audiologists, speech-language pathologists, and speech, language, and hearing scientists who serve as clinician, educators, mentors, researchers, supervisors, and administrators. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose and is applicable to the following individuals:

- A member of the American Speech-Language-Hearing Association holding the Certificate of Clinical Competence (CCC)
- A member of the Association not holding the Certificate of Clinical Competence (CCC)
- A nonmember of the Association holding the Certificate of Clinical Competence (CCC)
- An applicant for certification, or for membership and certification

By holding ASHA certification or membership, or through application for such, all individuals are automatically subject to the jurisdiction of the Board of Ethics for ethics complaint adjudication. Individuals who provide clinical services and who also desire membership in the Association must hold the CCC.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to research participants, both human and animal; (II) responsibility for one’s professional competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

The Code is designed to provide guidance to members, applicants, and certified individuals as they make professional decisions. Because the Code is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow the written provisions and to uphold the spirit and purpose of the Code. Adherence to the Code of Ethics and its enforcement results in respect for the professional and positive outcomes for individuals who benefit from the work of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

## Terminology

ASHA Standards and Ethics – The mailing address for self-reporting in writing is American Speech-Language-Hearing Association, Standards and Ethics, 2200 Research Blvd., #313, Rockville, MD 20850.

**Advertising** – Any form of communication with the public about services, therapies, products, or publications.

**Conflict of interest** – An opposition between the private interests and the official or professional responsibilities of a person in a position of trust, power, and/or authority

**Crime** – Any felony; or any misdemeanor involving dishonesty, physical harm to the person or property of another, or a threat of physical harm to the person or property of another. For more details, see the “Disclosure Information” section of applications for ASHA certification found on [www.asha.org/certification/AudCertification/](http://www.asha.org/certification/AudCertification/) and [www.asha.org/certification/SLPCertification/](http://www.asha.org/certification/SLPCertification/).

**Diminished decision-making ability** – Any condition that renders a person unable to form the specific intent necessary to determine a reasonable course of action.

**Fraud** – Any act, expression, omission, or concealment – the intent of which either actual or constructive – calculated to deceive others to their disadvantage.

**Impaired practitioner** – An individual whose professional practice is adversely affected by addiction, substance abuse, or health-related and/or mental health-related conditions.

**Individuals** – Members and/or certificate holder, including applicants for certification.

**Informed consent** – May be verbal, unless written consent is required; constitutes consent by persons served, research participants engaged, or parents and/or guardians of persons served to a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks.

**Jurisdiction** – The “personal jurisdiction” and authority of the ASHA Board of Ethics over an individual holding the ASHA certification and/or membership, regardless of the individual’s geographic location.

**Know, Known, or Knowingly** – Having or reflecting knowledge.

**May vs. Shall** – May denotes an allowance for discretion; shall denotes no discretion.

**Misrepresentation** – Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false or erroneous (i.e., not in accordance with the facts); any statement made with conscious ignorance or a reckless disregard for the truth.

**Negligence** – Breaching of a duty owed to another, which occurs because of a failure to conform to a requirement, and this failure has caused harm to another individual, which led to damages to this person(s); failure to exercise the care toward others that a reasonable or prudent person would take in the circumstances or taking actions that such a reasonable person would not.

**Nolo contendere** – No contest.

**Plagiarism** – False representation of another person’s idea, research, presentation, result, or product as one’s own through irresponsible citation, attribution, or paraphrasing; ethical misconduct does not include honest error or differences of opinion.

**Publicly sanctioned** – A formal disciplinary action of public record, excluding actions due to insufficient continuing education, checks returned for insufficient funds, or late payment of fees not resulting in unlicensed practice.

**Reasonable or reasonably** – Supported or justified by fact or circumstance and being in accordance with reason, fairness, duty, or prudence.

**Self-report** – A professional obligation of self-disclosure that requires (a) notifying ASHA Standards and Ethics and (b) mailing a hard copy of a certified document to ASHA Standards and Ethics (see term above). All self-reports are subject to a separate ASHA Certification review process, which, depending on the seriousness of the self-reported information, takes additional processing time.

**Support personnel** – Those providing support to audiologists, speech-language pathologist, or speech, language, and hearing scientists (e.g., technician, paraprofessional, aide, or assistant in audiology, speech-language pathology, or communication sciences and disorders).

**Telepractice, teletherapy** – Application of telecommunication technology to the delivery of an audiology and speech-language pathology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment, intervention, and/or consultation. The quality of the services should be equivalent to in-person service.

**Written** – Encompasses both electronic and hard-copy writings or communications.

## Principle of Ethics I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humanemanner.

### Rules of Ethics

- A. Individuals shall provide all clinical services and scientific activities competently.
- B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence may not delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

- G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for client welfare of those being served remains with the certified individual.
- H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.
- J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.
- K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee – directly or by implication – the results of any treatment or procedure.
- M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidenced-based clinical judgement, keeping paramount the best interests of those being served.
- N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence but may provide services via telepractice consistent with the professional standards and state and federal regulations.
- O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
- R. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
- S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists, and, otherwise, externally.
- T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

## **Principle of Ethics II**

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

### **Rules of Ethics**

- A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within their scope of their professional practice and competence, considering their certification status, education, training, and experience.
- B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with the current local and state laws and regulations and with ASHA certification requirements.
- C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.
- D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.
- E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.
- F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide series or conduct clinical activities that compromise the staff member's independent and objective professional judgment.
- G. Individuals shall make use of technology and instrumentations consistent with accepted professional guidelines in their areas of practice. When such technology is not available, and appropriate referral may be made.
- H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

## **Principle of Ethics III**

Individuals shall honor their responsibility to the public when advocating for the unmet communication and swallowing needs of the public and shall provide accurate information involving any aspect of the professions.

### **Rules of Ethics**

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.
- B. Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.
- C. Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.
- D. Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.
- E. Individuals' statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
- F. Individuals' statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing, and promoting their professional services and products and when reporting research results.

## Principle of Ethics IV

### Rules of Ethics

G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

A. Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.

B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of the persons served paramount.

C. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.

D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.

E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.

F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.

G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.

H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.

I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.

J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.

K. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.

L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.

M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.

N. Individuals shall report members of other professionals who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violations comprise the welfare of persons served and/or research participants.

O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.

- P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
- Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- R. Individuals shall comply with local, state, and federal laws and regulations applicable to the professional practice, research ethics, and the responsible conduct of research.
- S. Individuals who have been convicted, been found guilty, or have entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty or physical harm – or the threat of physical harm – to the person or property of another or (2) any felony shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.
- T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA standards and Ethics within 30 days of self-reporting.

# **Appendix B1**

## **Stockton University Speech and Hearing Clinic**

### **Clinic Documentation**

CONFIDENTIALITY AGREEMENT

I, the undersigned Stockton University student, confirm the following:

(1) I have completed an approved training regarding the rules and regulations of the Health Insurance Portability and Accountability Act (HIPAA)

OR

(2) I will maintain confidentiality in reference to any and all clients in the Stockton Speech and Hearing Clinic in accordance with the minimum necessary policies and procedure guidelines set forth by the Department of Health and Human Services by:

- a. De-identifying any documents created regarding any and all clients in the Stockton Speech and Hearing Clinic;
- b. Keeping confidential all protected health information (PHI) regarding any and all clients in the Stockton Speech and Hearing Clinic; and
- c. Limiting how much protected health information (PHI) is disclosed for any purpose.

\_\_\_\_\_  
Printed Name (please write legibly)

\_\_\_\_\_  
Z Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





**New Client Information Form**

Client: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_

---

Presenting Difficulties: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Previous Evaluation            Y    N    If yes, facility name: \_\_\_\_\_

New Evaluation Required    Y    N

Available Day(s)    M    T    W    R    F

Available Time(s)    \_\_\_\_\_

Scheduled Appointment Day(s)    M    T    W    R    F    \_\_\_\_\_

Start Date/Time: \_\_\_\_\_

Clinician(s): \_\_\_\_\_

\_\_\_\_\_

Date of Initial Contact: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Client Information Packet:

	<u>Sent</u>	<u>Received</u>
Letter of interest	_____	_____
Initial appointment letter	_____	_____
Case history form	_____	_____
Consent for services	_____	_____
Consent to record	_____	_____
Consent to use food	_____	_____
Notice of HIPAA Privacy Policy	_____	_____
Acknowledgement of Receipt of HIPAA Policy	_____	_____
Calendar/Fee Schedule	_____	_____
Directions/Map	_____	_____
Clinic Brochure	_____	_____
Return Envelope	_____	_____
Evaluation	_____	_____

Date: \_\_\_\_\_

**Adult Case History Form**

**General Information**

Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Preferred Pronouns: He/Him She/Her They/Them Other  
Gender: Male Female Other Sex: Male Female Intersex  
Address: \_\_\_\_\_ Email: \_\_\_\_\_ City: \_\_\_\_\_  
\_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

---

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Single \_\_\_ Widowed \_\_\_ Divorced \_\_\_ Partner/Spouse's Name: \_\_\_\_\_

Children (include names, gender, and ages):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who lives in the residence?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What languages do you speak? If more than one, which one is your dominant language?

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What was the highest grade, diploma, or degree you earned?

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Are you a current Stockton University student or alumnus? \_\_\_\_\_

Describe your speech–language concern.

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What do you think may have caused the issue, if applicable?

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Has the issue changed since it was first noticed? If so, how?

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Have you seen any other speech–language specialists? Who and when? What were their conclusions or suggestions?

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Have you seen any other specialists (physicians, audiologists, psychologists, neurologists, etc.)? If yes, indicate the type of specialist, when you were seen, and the specialist's conclusions or suggestions.

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Are there any other speech, language, learning, or hearing problems in your family? If yes, please describe.

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**Medical History**

Provide the approximate ages at which you suffered the following illnesses or conditions:

Adenoidectomy _____	Asthma _____	Chicken pox _____
Colds _____	Croup _____	Dizziness _____
Draining ear _____	Ear infections _____	Encephalitis _____
German measles _____	Headaches _____	Hearing loss _____
High fever _____	Influenza _____	Mastoiditis _____
Measles _____	Meningitis _____	Mumps _____
Noise exposure _____	Otosclerosis _____	Pneumonia _____
Seizures _____	Sinusitis _____	Tinnitus _____
Tonsillectomy _____	Tonsillitis _____	Other _____

Do you have any eating or swallowing difficulties? If yes, describe.

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List all medications you are taking. If you are on hormone replacement therapy, check here \_\_\_\_\_

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Are you having any negative reactions to these medications? If yes, describe.

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Describe any major surgeries, operations, or hospitalizations (include dates).

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Describe any major accidents.

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Provide any additional information that might be helpful in the evaluation or remediation process.

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Person completing form (Please print legal name): \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



Speech and Hearing Clinic

101 Vera King Farris Drive  
Galloway, NJ 08205  
Phone: 609-652-4920  
www.stockton.edu

**Child Case History Form**

**General Information**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

---

Does the child live with both parents? \_\_\_\_\_

If no, please explain and provide legal documentation. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Brothers and Sisters (include names and ages):

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What languages does the child speak? What is the child's dominant language?

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What languages are spoken in the home? What is the dominant language spoken?

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With whom does the child spend the most of his or her time?

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Describe the child's speech-language problem.

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How does the child usually communicate? (gestures, single words, short phrases, sentences?)

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When was the problem first noticed? By whom?

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What do you think may have caused the problem?

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Has the problem changed since it was first noticed?

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Is the child aware of the problem? If yes, how does he or she feel about it?

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Have any other speech–language specialists seen the child? Who and when? What were their conclusions or suggestions?

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Have any other specialists (physicians, audiologists, psychologists, special education teachers, etc.) seen the child? If yes, indicate the type of specialist, when the child was seen, and the specialist's conclusions or suggestions.

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Are there any other speech, language, or hearing problems in your family? If yes, please describe.

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**Prenatal and Birth History**

Mother's general health during pregnancy (illnesses, accidents, medications, etc.).

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Length of pregnancy: \_\_\_\_\_ Length of labor: \_\_\_\_\_

General condition: \_\_\_\_\_ Birth weight: \_\_\_\_\_

Circle type of delivery:            head first            feet first            breech            Caesarian

Were there any unusual conditions that may have affected the pregnancy or birth?

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**Medical History**

Provide the approximate ages at which the child suffered the following illnesses and conditions:

Asthma \_\_\_\_\_ Chicken pox \_\_\_\_\_ Colds \_\_\_\_\_  
Croup \_\_\_\_\_ Dizziness \_\_\_\_\_ Draining ear \_\_\_\_\_  
Ear infections \_\_\_\_\_ Encephalitis \_\_\_\_\_ German measles \_\_\_\_\_  
Headaches \_\_\_\_\_ High fever \_\_\_\_\_ Influenza \_\_\_\_\_  
Mastoiditis \_\_\_\_\_ Measles \_\_\_\_\_ Meningitis \_\_\_\_\_  
Mumps \_\_\_\_\_ Pneumonia \_\_\_\_\_ Seizures \_\_\_\_\_  
Sinusitis \_\_\_\_\_ Tinnitus \_\_\_\_\_ Tonsillitis \_\_\_\_\_  
Other \_\_\_\_\_

Has the child had any surgeries? If yes, what type and when (e.g., tonsillectomy, tube placement)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any major accidents or hospitalizations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the child taking any medications? If yes, identify.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have there been any negative reactions to medications? If yes, identify.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Developmental History**

Provide the approximate age at which the child began to do the following activities:

Crawl \_\_\_\_\_ Sit \_\_\_\_\_ Stand \_\_\_\_\_

Walk \_\_\_\_\_ Feed self \_\_\_\_\_ Dress self \_\_\_\_\_

Use toilet \_\_\_\_\_

Use single words (e.g., *no, mom, doggie*) \_\_\_\_\_

Combine words (e.g., *me go, daddy shoe*) \_\_\_\_\_

Name simple objects (e.g., *dog, car, tree*) \_\_\_\_\_

Use simple questions (e.g., *Where's doggie?*) \_\_\_\_\_

Engage in a conversation \_\_\_\_\_

Does the child have difficulty walking, running, or participating in other activities that require small or large muscle coordination?

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Are there or have there ever been any feeding problems (e.g., problems with sucking, swallowing, drooling, chewing)? If yes, describe.

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Describe the child's response to sound (e.g., responds to all sounds, responds to loud sounds only, inconsistently responds to sounds).

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**Educational History**

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher(s): \_\_\_\_\_

How is the child is doing academically (or pre-academically)?

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Does the child receive special services? If yes, describe.

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How does the child interact with others (e.g., shy, aggressive, uncooperative)?

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If enrolled for special education services, has an Individualized Educational Plan (IEP) been developed? If yes, describe some of the goals.

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Provide any additional information that might be helpful in the evaluation or remediation of the child's problem.

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Person completing form (Please print): \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Allergy Alert Form

Date: \_\_\_\_\_ Client's Name: \_\_\_\_\_

Person to Contact in Case of Emergency: \_\_\_\_\_

Relation to client: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the client have any known allergies (e.g., to foods, medicines, environmental agents)? If yes, please list each allergen and describe the client's response to contact with the allergen(s).

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Please describe immediate action to be taken in case of contact with allergen(s).

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Signature of Person Completing Form: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

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NOTICE OF PRIVACY PRACTICES

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As Defined by the Privacy Regulations of the  
Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) PLEASE REVIEW THIS  
NOTICE CAREFULLY

I. OUR COMMITMENT TO YOUR PRIVACY

The Stockton University Speech and Hearing Clinic is dedicated to maintaining the privacy of your protected health information (PHI). PHI is individually identifiable health information about you that relates to your past, present, or future physical or mental health or other condition, as well as any related health care services. This Notice of Privacy Practices provides you with the following important information: our obligations concerning your PHI, how we may use and disclose your PHI, and your rights with regard to your PHI.

A. OUR OBLIGATION The Speech and Hearing Clinic has chosen to abide by federal and state laws requiring that the privacy of your PHI be maintained. By complying with these laws, we are required to provide you with this notice regarding our privacy practices, our legal duties, and your rights concerning your PHI. Except for student records and certain records, the University creates or receives in its role as an employer, this Notice of Privacy Practices applies to all records containing your PHI that are created or retained by the Stockton Speech and Hearing Clinic. A copy of the Notice of Privacy Practices will be posted in a visible location in the Speech and Hearing Clinic waiting room at all times, and you may request a copy of the Notice at any time.

B. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS (NOT ALL POSSIBLE SITUATIONS ARE COVERED)

- *For treatment, payment, and health-care operations, to third-party business associates (e.g., billing services), for health-related services, to individuals involved in your care, under some circumstances for research purposes, when required or allowed by law, with your written authorization*

II. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding your PHI, and you may request any of the following:

- *Confidential communications, restriction of communication to individuals otherwise permitted by law to inspect your PHI, inspection and copies of personal records, amendments to your PHI if you believe the information is incorrect or incomplete, a list of disclosures we have made of your PHI, and a copy of this Notice.*

III. IMPLEMENTATION, COMPLAINTS, AND QUESTIONS

A. IMPLEMENTATION This Notice provides a general overview of our privacy practices. This Notice and our privacy practices are implemented in accordance with applicable University policies and procedures and the requirements of HIPAA and other federal and New Jersey laws, as applicable.

B. COMPLAINTS If you believe your privacy rights have been violated; you may file a complaint with the Speech and Hearing Clinic. All complaints must be submitted in writing. We will not retaliate against you in any way if you file a complaint with us.

IV. CONTACT INFORMATION

If you have any questions regarding this Notice or our health information privacy practices, please contact:  
Amanda Copes, Ed.D., CCC-SLP [Amanda.Copes@stockton.edu](mailto:Amanda.Copes@stockton.edu)  
Stockton University Speech and Hearing Clinic  
101 Vera King Farris Drive  
Galloway, NJ 08205  
(609) 652-4920

**ACKNOWLEDGEMENT OF RECEIPT**  
**SPEECH AND HEARING CLINIC NOTICE OF PRIVACY PRACTICES**

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I acknowledge that I have received a copy of the *Stockton University Speech and Hearing Clinic's Notice of Privacy Practices*.

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Printed Name

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Signature

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Date

.....

**FOR INTERNAL USE ONLY**

Client declined to provide signature for acknowledging receipt of privacy practices

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Clinic staff signature and date

Client was not able to provide signature for acknowledging receipt of privacy practices

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Clinic staff signature and date





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**CONSENT FOR SERVICES - TELEPRACTICE**

I, \_\_\_\_\_ am choosing to receive online speech therapy services from the Stockton University Speech and Hearing Clinic for my child/myself. I fully understand the following:

- Zoom will be used for all sessions; I am responsible for having access to this program during scheduled sessions.
- Student clinicians and supervisors may be in different locations. This will be documented on the treatment plans.
- Supervisors will be available 100% of the time each session.
- Sessions will be conducted in secure locations to protect client confidentiality.
- Documentation will be de-identified to adhere to HIPAA regulations.
- The supervisors will schedule the sessions via zoom invitations.
- Supervisors may request to record a session for educational purposes. Recordings will be deleted prior to the end of the semester.

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Signature of Client (if over 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian/or Legal Representative  
(if less than 18 years of age)

\_\_\_\_\_  
Date

**CONSENT TO USE FOOD IN TREATMENT SESSIONS**

I give my permission for The Stockton University Speech and Hearing Clinic to use food in my/my child's therapy sessions. If food is to be used, I understand that it will be explained to me in what manner, and how the use of food may benefit the success of therapy.

- I have/my child has no known food allergies or intolerance.
  
- I am/my child is allergic to certain foods. Please do not use these foods in therapy sessions.  
\* \_\_\_\_\_

**\*Please see Allergy Alert Form in Case History packet for details regarding this allergy and treatment.**

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Signature of Client (if over 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian/or Legal Representative  
(if less than 18 years of age)

\_\_\_\_\_  
Date

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**CONSENT TO USE VIDEO OR PICTURE IMAGE**

*\* The Stockton University Speech and Hearing Clinic uses a secure University-networked audio/video system to allow the clinical supervisors to view clinical sessions in real-time. The system will also record all treatment and evaluation sessions automatically. These recordings are used within the clinic setting for therapeutic purposes only (data collection, clinician review). Clients and/or their representative (e.g. parent, family members, etc.) have the option to “opt out” of the automatic recording. We ask all clients/client representatives to please read the following options, check those that are applicable and return a completed copy of the form to the Speech and Hearing Clinic when beginning services. Clients have the opportunity to change their recording preference at any time by submitting and updated consent form.*

Please Read and Select the Appropriate Options

I give my permission for the Stockton University Speech and Hearing Clinic to use the image and/or video recordings of myself/my child/or the individual that I am representing in the following settings/conditions.

**Please check only the options with which you agree:**

- within the clinic setting for therapeutic purposes (data collection, clinician review)
- for educational purposes/training of Student Clinicians
- in conference settings to educate fellow parents and professionals about how to implement therapy techniques
- for research purposes
- for marketing purposes (brochures, program webpage, etc.)

If you **DO NOT** wish to have sessions recorded for any reason, **please check the box here**

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Signature of Client (if over 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian/or Legal Representative  
(if less than 18 years of age)

\_\_\_\_\_  
Date

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CLIENT NAME: \_\_\_\_\_  
Please Print

**CONSENT TO RELEASE RECORDS**

I hereby give permission to The Stockton University Speech and Hearing Clinic to send my child's/my records to:

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I hereby give permission to The Stockton University Speech and Hearing Clinic to receive my child's/my records from:

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\_\_\_\_\_  
Signature of Client (if over 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian/Legal Representative  
(if less than 18 years of age)

\_\_\_\_\_  
Date

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Please be advised of our cancellation policy:

If your scheduled appointment time is before 12:00pm, notice of cancellation is required by the previous day.

If your scheduled appointment time is after 12:00pm, notice of cancellation is required by 10:00am the same day.

Of course, we appreciate as much notice as possible if you know ahead of time that you will not be able to attend a session.

***If we do not receive notice of cancellation within the required time period, you will be charged for the missed session.***

I acknowledge that I have received a copy of the Speech and Hearing Clinic's cancellation policy.

Client Name \_\_\_\_\_

Client/Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## **Appendix B2**

# **Stockton University Speech and Hearing Clinic**

## **Clinician Documents**



**DIAGNOSTIC EVALUATION REPORT**

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<b>Name:</b>	<b>Parents:</b>
<b>Date of Birth:</b>	<b>Address:</b>
<b>Chronological Age:</b>	
<b>Evaluator(s):</b>	<b>Phone:</b>
	<b>Supervisor:</b>
<b>Date of Evaluation:</b>	<b>Date of Report:</b>

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**Reason for Referral**

*Begin with a statement of/reason for the referral followed by a brief statement of the concern \*as described by parent/caregiver (Consider using gender-neutral term such as the term caregiver or guardian—to avoid traditional, gendered terms like mother.), child, physician, or referral source: full name, age, grade level, who referred, reason referred, date of evaluation*

**Prenatal/birth and Developmental History \*Only for pediatrics- would not include for adults**

*If information is not available, include a statement to that effect. Do not purposefully leave out any component below because of a lack of information.*

**Include:** *prenatal, perinatal (type of delivery/complications) and early childhood diseases, gross/fine motor development, speech-language milestones, cognitive/socioemotional function*

**Medical History**

*Include surgical interventions, incidents, relevant childhood illnesses (ear infections- how often etc.), medications, include psychiatric diagnosis. Include genetic disorders, relevant family medical history*

**School/Therapy History (school history for adults may include level of college only)**

*Include if student qualified for preschool services, any educational classification, results of previous testing and academic struggles, include emotional/behavioral problems if relevant. Special education placements, language, learning or literacy issues. Include summary of prior speech/language evaluations and intervention of results of evaluation and type and/or progress in treatment, information regarding any early intervention services*

**Social History** *Include family composition, who lives in the home/cares for the client, any second language exposure/knowledge/use. if applicable, activities engaged in outside of school (work for adults)*

**Examinations**

*List names of assessment activities used here (underline formal tests and abbreviations)*

Ex. Goldman-Fristoe Test of Articulation-3 (GFTA-3)  
Language Sampling etc.

### **Clinical Observations**

*Include statements regarding the client's behavior before and during the assessment. Note whether you think it affected their performance. Include clinical impressions of client's communication skills/function/status, interaction with therapist/caregiver, comments about motor skills (tone/praxis) if applicable. Note any observations that would allow you to formulate a differential diagnosis.*

*For the following sections include:*

- *Be sure to include a description of what each test administered is designed to evaluate (underline test name and abbreviation of test). See test manuals for wording. Include descriptions of each subtest administered as well.*
- *Use tables as necessary to present "at-a-glance" information regarding standard/scaled scores, percentile ranks, and age equivalents (where appropriate).*
- *Relate all scores you reported on to the normative data for each particular test administered (where appropriate for standardized measurements). For example, "The \_\_\_\_\_ Test is normed on a mean standard score of 100 with a standard deviation of +/- 15 points. Therefore, scores ranging from 85-115 are considered to be within the average range.*
- *Include an analysis of the results obtained in ALL AREAS ASSESSED, including strengths AND areas of need so that goals/objectives can be derived from the information.*

*The following information can be reported on subjectively or objectively, depending on whether a standardized test was administered to evaluate these components. All components listed below should be addressed in your report*

### **Hearing**

*Report on prior results, if available, or results of screening conducted during evaluation. For adult clients: May include patient report, presence of hearing aids, or subjective observation of difficulty..*

### **Oral Mechanism Examination**

***Report on** movements of lips, tongue, jaw; integrity of the oral structures and functions; coordinated movements of puh/tuh/kuh (diadochokinetic rate), etc. Observed or reported information on feeding or swallowing difficulties.*

### **Speech Sound Production**

*Describe articulation and/or phonology errors.*

*Include subjective rating of speech intelligibility. Include results of stimulability probe (formal or informal). Include chart for articulation errors and/or chart for phonological processes- as applicable. Include examples of error productions and definitions of phonological processes. Include key of IPA symbols. Include results of stimulability probe (formal or informal).*

### **Cognition**

*For adult clients, include here observation of attention to time, place, and situation/condition. Include components of attention, memory, problem solving and reasoning, executive function, etc.*

## **Receptive & Expressive Language**

*For each subtest describe what was measured and the strengths and needs (areas of difficulty) within specific skill areas with examples- NOT just subtest names. Discuss functional impact. (Ex. The client demonstrates difficulty naming items in a category which may negatively impact vocabulary expansion, word retrieval, short term memory and the interpretation of language.) Include clinical impressions and/or diagnostic information based on informal/structured language sampling. Include dynamic assessment information.*

## **Pragmatics**

*With consideration of variations across culture, may include formal assessments or subjective observations as applicable on turn-taking, eye contact, tone of voice, body language, nonverbal feedback, and topic maintenance.*

## **Fluency**

*Describe disfluencies of speech, rhythm and rate as well as any secondary characteristics/concomitants as well as social/emotional impact (if applicable). If this area is not assessed include subjective observation, for example, "Based on a conversational speech sample, fluency was judged to be within functional limits."*

## **Voice**

*With consideration of variations across culture and patient/family perceptions, describe vocal quality, pitch, resonance, and intensity. If this area is not assessed, include subjective observation, for example, "Based on a conversational speech sample, vocal parameters of quality, pitch, resonance, and intensity."*

**\*\*Note that the following dispositions will vary based on clinical context. The following examples reflect various settings for clinical practice:**

## **Conclusions and Recommendations For a school-based report use this final section**

*Begin with a general description of the problem to indicate why client was evaluated. Include statement of communication and/or feeding/swallowing diagnosis, including severity level and functional impact. Indicate current strengths and areas of need of client as related to formal/informal/dynamic assessment results. Do not include any information regarding etiology, contributing factors, or prognosis.*

## **For a medical report use these final sections:**

### **Conclusions**

*Include primary medical diagnoses and a statement of communication and/or feeding/swallowing diagnosis with severity level. Indicate current strengths and areas of need as related to formal/informal/dynamic assessment results. Include any functional impacts on life, work, education, etc. What is the prognosis if they receive therapy and why? As an example, "Prognosis is deemed good secondary to current status, family support, client motivation."*

### **Recommendations**

*Finally, make any recommendations for therapy, including guiding goals and objectives for treatment (with criterion, prompt/cue levels etc.). Include frequency and duration here and/or referrals to other professionals.*

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Your Name and Signature  
Graduate Student Clinician

---

Supervisor's Name and Signature/Initials  
Clinical Supervisor



**COMMUNICATION LOG**

Client's Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Initials: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Initials: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Initials: \_\_\_\_\_



**TREATMENT PLAN TEMPLATE**

<b>Client's Initials:</b>	<b>Student Clinician:</b>	<b>Start Date:</b>
<b>Session Date:</b>	<b>Clinical Supervisor:</b>	<b>Session #:</b>
<b>Treatment Diagnosis and Code (ICD-10):</b>	<b>Big 9 Minutes:</b>	<b>Time in and Out:</b>

<b>Data Collection Methodology:</b>
<b>Subjective:</b>
<b>Long Term Goal(s):</b> 1. 2.

**Objective/Intervention:**

<b>Short-Term Objectives</b>	<b>Results</b>	<b>Activities</b>	<b>Tools</b>
STO1A	<i>Baseline:</i>          <i>Intervention:</i>	<i>Introductory statement for target behaviors:</i>  <i>Activity:</i>  <u>The clinician will</u>  <u>The client will</u>  <i>Consequential statement:</i>	<i>Materials/Type/Schedule of reinforcement*:</i>       <i>Materials to facilitate behavior:</i>       <i>Targeted Stimuli:</i>



# SESSION OBJECTIVE DATA LOG

## Client Responses

### Response Key

+	Appropriate Response	CR+	Cued Response (correct)	CR-	Cued Response (incorrect)	M	Modeled
-	Incorrect Response	/	Approximation	HOH	Hand over hand assistance	SC	Self Corrected Response

Client: \_\_\_\_\_

Date	Objective	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	%

## SESSION OBJECTIVE DATA LOG

### Prompting Levels

**Key**

0 prompts/activity = Independent (IND)	1-5 prompts/activity = Minimal (MIN)	6-10 prompts/activity = Moderate (MOD)	Greater than 10 prompts/activity = Maximum (MAX)
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Client: \_\_\_\_\_

Objective	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Level	
	Notes:																					
	Notes:																					
	Notes:																					
	Notes:																					

If prompting was in a format other than verbal, explain in notes.

MID-SEMESTER PROGRESS NOTE

Name: \_\_\_\_\_ Date: (of last session in the interval) \_\_\_\_\_  
Student Clinician: \_\_\_\_\_ Supervisor: \_\_\_\_\_

- S: (Subjective Information):** Indicate the time period covered by this note and the number of sessions the client was seen. If sessions were missed, comment as to why. Give impressions of the client’s behavior. These impressions can be the client’s, clinician’s, or those of the parents.
- O: (Objective Data):** Introduce section with broad focus of therapy. Long-term goals (LTGs) and short-term objectives (STOs) that have been set and targeted this interval should be noted here, as well as any measurable information collected for this specific interval. Client progress for each STO should be indicated by either a single data point (criterion) or, if discussing trends across multiple data points, via an attached visual representation of the data.

Also in this section (*if applicable to this client*), identify your selected Clinic I project and discuss how you have implemented it. Include the title of your project (Single-Subject Multiple Baseline Design, Evidence-Based Practice Protocol, Parent and Family Education) and any relevant information you deem appropriate/data you have collected thus far.

- A: (Assessment/Analysis):** Data noted above should be compared to the client’s previous levels of performance in this current semester. Any STOs that have been met should be noted as such, along with any modifications that will be made to the goals/objectives (e.g. criteria, cue levels, etc.), if applicable, for the upcoming interval. A statement indicating this information will be reviewed with client or client’s family should also be included in this section. Lastly, any changes to be made to the behavior plan/reward system to assist with compliance issues should be indicated.
- P: (Plan):** The remaining diagnosis should introduce this section. State your recommendation for continued/discontinued services, including frequency and duration, and list the specific intervention objectives you will be targeted within the upcoming interval (including adjusted cue levels and criteria).

---

Insert your name here with highest degree obtained  
Graduate Student Clinician

---

Insert clinic supervisor’s name with credentials  
Clinic Supervisor

---

Insert client/parent/caregiver name here  
Client/Parent/Guardian

## Semester Progress Report

Client:	Parents/Guardians:
Diagnosis:	Phone:
(Use this space for add'l diagnoses)	Address: (# street)
Date of Birth:	(City, State, Zip)
Chronological Age: # years, # months	Number of Sessions: (# this semester)
Clinician:	Cumulative Sessions: (total # since enrollment)
Supervisor:	Semester:
Date of Report:	Period Covered by Report:

### Reason for Services

This section should include the referral source, date of referral, and a brief statement of the speech-language diagnosis. Medical diagnoses, if any, must be substantiated.

### General Background Information

**This information should be written in narrative form (not as bullet points). If appropriate, subheadings may be combined under the main heading of General Background Information.**

### *History of the Problem*

This section should include information relevant to an understanding of the etiology and development of the problem. Information should be extracted from the client's case history form(s), prior reports, etc.

### *Diagnostic Information*

State the results/findings of the initial diagnostic evaluation and any changes in status or added information obtained since the initial testing. The summary from the most recent evaluation should be included here.

### *Therapy History*

Include a synopsis of preceding therapeutic interventions. These should include services provided through the Stockton Speech and Hearing Clinic, any outside agencies, school therapy, etc. Dates, frequencies, and duration of services, as known, should be included.

### Summary of Therapy - [include the semester and year]

Begin with a description of the current therapy schedule (number of sessions, number of absences, length of sessions, group vs. individual, etc.). **Note that sessions were delivered via telepractice through the Zoom platform.** Following that, include a report of the therapeutic procedures engaged in during this semester. Include behaviors specific to the client, likes/dislikes, any behavior plan that may have been used, materials that led to client success and engagement, etc. Include a statement of any changes

in schedule or procedures throughout the semester, if applicable.

### Objectives and Results

List the current status of all LTGs and STOs written objectively. Indicate if any goals have been discontinued due to mastery, modified to reflect a change in complexity level, or changed for any other reason. **See below for an example:**

LTG1: The client will produce /s/ in the initial position of words in sentences *independently* when presented with a stimulus with 100% accuracy.

- STO1A: The client produced initial /s/ at word level *independently* when presented with a stimulus with 82% accuracy. **(Goal met and modified to increase complexity)**
- STO1B: The client produced initial /s/ at phrase level when presented with a stimulus and given *minimal multimodal cues* with 77% accuracy. **(Goal in progress)**

### Progress and Plan

Discuss/summarize the data above in paragraph form here. Goals/objectives that have been met are discussed and goals/objectives that have not been met are noted. Goal modifications in criteria, cue levels, condition, interventions/monitoring status (for MBSSR design), etc. and rationale are noted. Recommendations pertaining to behavior are noted, as appropriate

### Recommendations

A short statement regarding further therapy needs (continue, terminate, refer, etc.) is stated. Indicate frequency and duration recommendations, if applicable. List the recommended LTGs and STOs completely if to be continued or list the potential target behaviors you recommend be addressed in the future.

---

Insert Student Clinician's Name  
Graduate Student Clinician

---

Insert Clinical Supervisor's Name and Credentials  
Clinical Supervisor  
ASHA #:  
NJ License #:

# **Appendix C**

## **Externship Practica Documents**

**STOCKTON UNIVERSITY MSCD EXTERNSHIP INTEREST SURVEY**

Name:	Pronouns:	Cell Phone:
Stockton Email:	DOB:	Personal Email:

**COVID Vaccination:**

\* The Clinical Fieldwork Coordinator (CFC) may disclose my status to sites upon their request to secure placement.  YES  NO  
 \* I am exempt from COVID vaccination.  YES  NO \*\*If yes I will inform CFC via email and I am aware that I may not be able to complete externships due to site requirements and therefore will not be able to complete the program and graduate.

Semester:  Summer  Fall  Spring

<b>Address I will be traveling from</b> (house #/ street/town/zip/county):	<b>Specialty Interests:</b> (ex. Adler, Camp Chatterbox etc.)
--	---

Are you enrolled in the Hispanic Emphasis Program?  Yes  No

Read the following list and:  **Age groups that you are interested in working with.**

**CROSS OUT ALL age groups that you are the LEAST interested in. Put a \* after if you are passionate about one!**

<input type="checkbox"/> Birth to Pre-K <input type="checkbox"/> EI <input type="checkbox"/> Kindergarten to 5 <sup>th</sup> grade <input type="checkbox"/> Middle and/or High School	<input type="checkbox"/> Students with significant intellectual or medical needs that are in a special school <input type="checkbox"/> Developmentally delayed adults that are in an adult day program or graduating at age 22
---	---

Read the following list of specialty areas.  **ALL areas you are interested in. ~~CROSS OUT ALL areas you would feel uncomfortable being in if there was a significant number of clients with this diagnosis. Put a \* if you are passionate about one!~~**

<input type="checkbox"/> Aphasia <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Dysphagia/Feeding	<input type="checkbox"/> Language/Literacy <input type="checkbox"/> Trach/Vent <input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> AAC (Aug. and Alternative Comm.) <input type="checkbox"/> Voice Disorders <input type="checkbox"/> Dementia
---	--	--

Read the following list and:  **ALL areas you are interested in. ~~CROSS OUT ALL site types that you would feel uncomfortable being in. Put a \* if you are passionate about one!~~**

<input type="checkbox"/> Inpatient acute care (in a hospital) <input type="checkbox"/> Outpatient therapy/Private Practice	<input type="checkbox"/> Rehabilitation for adults subacute (inpatient) <input type="checkbox"/> Residential, skilled nursing and rehabilitation/Long-Term Care for older adults (geriatric)
---	---

Are you aware you may have a competitive interview for your placement?  YES

Are you able to report prior to 7 a.m.?  YES  NO

Are you available on weekends?  YES  NO  only on SAT  only on SUN

Have you been employed by a school district or health care facility within the last 5 years?  YES  NO

If yes, list where:

--

**Please list any extenuating circumstances that may impact your ability to commit to your placement:**

--

I understand that this survey is neither a request for a specific placement, nor a guarantee of a specific placement. I understand that the goal of any placement is to provide me with experience to develop knowledge and skills with culturally and linguistically diverse populations across the lifespan that meet the certification standards of the American Speech-Language Hearing Association (ASHA). Last, I understand that it is my responsibility to inform the externship coordinator immediately if my address changes other than what is specified above, and that if I do not, I will still need to commute from the former location.

Electronic Signature:	Date:
-----------------------	-------

## STUDENT PRACTICUM PREPARATION CHECKLIST

(AS APPLICABLE)

<b>Student Name:</b>														
<b>SLP Field Clinical Educator(s):</b>														
<b>Placement Site(s):</b>														
<b>GPS Address(s):</b>														
<b>Important Information for CFC visit (parking, entrance etc.):</b>														
<b>Start/Projected End Dates:</b>														
<b>Arrival and Leave Times:</b>														
<b>Days of Week:</b>	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px 10px;">M</td> <td style="border: 1px solid black; padding: 2px 10px;"></td> <td style="border: 1px solid black; padding: 2px 10px;">T</td> <td style="border: 1px solid black; padding: 2px 10px;"></td> <td style="border: 1px solid black; padding: 2px 10px;">W</td> <td style="border: 1px solid black; padding: 2px 10px;"></td> <td style="border: 1px solid black; padding: 2px 10px;">Th</td> <td style="border: 1px solid black; padding: 2px 10px;"></td> <td style="border: 1px solid black; padding: 2px 10px;">F</td> <td style="border: 1px solid black; padding: 2px 10px;"></td> <td style="border: 1px solid black; padding: 2px 10px;">SA</td> <td style="border: 1px solid black; padding: 2px 10px;"></td> <td style="border: 1px solid black; padding: 2px 10px;">SU</td> </tr> </table>	M		T		W		Th		F		SA		SU
M		T		W		Th		F		SA		SU		
<b>*Note if different schedule/site during week:</b>														

REQUIRED PRIOR TO START DATE (check all that apply)	DUE DATE:
Interview	COVID Vaccination
Meeting	COVID Vaccination Booster
Board Approval	2 Step PPD/Mantoux
Site Orientation	Flu shot
Signed Confidentiality Forms	HbsaG
Signed Consent Forms	Proof of Vaccination for (MMR, Rubella, Varicella, Hep B)
Personal Liability Insurance	Proof of Immunity Bloodwork (MMR, Rubella, Varicella, HepB)
University Liability Insurance (MOI) (CFC will provide)	Recent Medical History/Physical
CPR Certification	Drug Screening
HIPAA Course	Proof of Medical Insurance
Badge	Child Abuse Screening
<b>Uniform/Dress Code:</b>	
<b>Criminal Background Check (indicate at Stockton or site/number of months prior etc):</b>	
<b>Educational Fingerprinting (list codes if provided):</b>	
<ul style="list-style-type: none"> <li>• School:</li> <li>• County:</li> <li>• District:</li> </ul>	
<b>Other:</b>	

**MASTER OF SCIENCE IN  
COMMUNICATION DISORDERS  
EXTERNSHIP PLAN**



**Section I: LOCATION, SCHEDULE, CLINICAL EDUCATOR INFORMATION, SITE LOGISTICS**

Semester: FALL      SPRING      SUMMER      Year: \_\_\_\_\_

**Site #1:**

Address: \_\_\_\_\_  
 \_\_\_\_\_

Days at this site: \_\_\_\_\_  
 \_\_\_\_\_

**Site #2:**

Address: \_\_\_\_\_  
 \_\_\_\_\_

Days at this site: \_\_\_\_\_  
 \_\_\_\_\_

**Site #3:**

Address: \_\_\_\_\_  
 \_\_\_\_\_

Days at this site: \_\_\_\_\_  
 \_\_\_\_\_

Student-Stockton MSCD Expectation: Student clinicians should be committed to a **full-time** schedule. *Minimum of four full time days unless the site has arranged for less days prior to start.*

**The student should be given an additional 30 minutes, after accounting for commute time, to arrive at Stockton for night classes (e.g., 45-minute commute for 6 p.m. night class: should be 75 minutes or leave at 4:45 p.m.).**

Commute time from home to site is \_\_\_\_\_minutes.

Commute time from site to Stockton is \_\_\_\_\_minutes (Galloway) + 30 minutes=\_\_\_\_\_total minutes needed

\_\_\_\_\_minutes (Hammonton) + 30 minutes=\_\_\_\_\_total minutes needed

DAY	Report time	Total client contact time (tx or dx)	End time/Leave time	Stockton Class location	Stockton Class time
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					

Is the student expected to ever attend on weekends? YES NO If Yes, please specify: \_\_\_\_\_

\_\_\_\_\_

**Section I (continued): LOCATION, SCHEDULE, CLINICAL EDUCATOR INFORMATION, SITE LOGISTICS**

*Clinical Educator-ASHA Certification and Stockton MSCD Expectation: A Clinical Educator must be present in the building at all times a student is treating or assessing clients. All Clinical Educators must submit their ASHA number and be added to the Typhon system by the university prior to supervising any student.*

**Primary Clinical Educator or Co-Clinical Educator #1** (supervises the student at least one day per week or more, receives all email contact, completes case logs in Typhon, completes mid-term and final evaluations)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Preferred Contact: PHONE EMAIL

ASHA # and other information submitted to Stockton MSCD Program? YES NO

**Co-Clinical Educator #2** (supervises the student at least one day per week or more, receives all email contact, completes case logs in Typhon, at least contributes input for the mid-term and final evaluations-see below)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Preferred Contact: PHONE EMAIL

ASHA # and other information submitted to Stockton MSCD Program? YES NO

**Co-Clinical Educator #3** (supervises the student at least one day per week or more, receives all email contact, completes case logs in Typhon, at least contributes input for the mid-term and final evaluations-see below)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Preferred Contact: PHONE EMAIL

ASHA # and other information submitted to Stockton MSCD Program? YES NO

**Other On-site Clinical Educator** (supervises for supervisor absence/emergency, completes case logs in Typhon, email contact optional)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Preferred Contact: PHONE EMAIL

ASHA # and other information submitted to Stockton MSCD Program? YES NO

Would you like to be added to the email chain for clinical educator semester information? YES NO

**MID-TERM and FINAL EVALUATIONS**

**Please check one option for this semester:**

\_\_\_\_ *Only* primary on-site clinical educator will contribute to and complete the evaluations in the Typhon system.

\_\_\_\_ *Only* the primary on-site clinical educator will complete the evaluations in Typhon, but all other clinical educators will contribute input to the evaluations (course instructor will only send evaluations to the primary clinical educator)

\_\_\_\_ *Some or All* clinical educators will complete their own individual evaluations in Typhon. Send evaluations to:

\_\_\_\_\_  
(the grades will be averaged by the course instructor).

INITIALS: Student \_\_\_\_\_ Clinical Educator \_\_\_\_\_ Clinical Educator \_\_\_\_\_ Clinical Educator \_\_\_\_\_ Clinical Educator \_\_\_\_\_

**Section I (continued): LOCATION, SCHEDULE, CLINICAL EDUCATOR INFORMATION, SITE LOGISTICS**

**Important site procedures (e.g. parking, sign-in and sign-out procedures)**

**Attendance & Inclement Weather**

Student-Stockton MSCD Expectation-students should attend externship whenever their Clinical Educator is present. Students should contact their primary Clinical Educator immediately if they are ill. **Students are also REQUIRED to contact the Clinical Fieldwork Coordinator via email if they will be missing externship planned or unexpectedly (e.g., student or C.E. illness or cancellation, inclement weather).** The course syllabus further explains. In the case of inclement weather, the Stockton MSCD program encourages their students to use caution and maintain their safety during extreme weather conditions. The student and C.E.(s) should determine an inclement weather plan. This should include (1) initial contact method, and (2) inclement weather options such as delayed arrival and make-up days. **State your determined inclement weather plans here:**

**Section II: ASHA CERTIFICATION SKILLS**  
**Skill Area: INTERACTION AND PERSONAL QUALITIES**

Student & Clinical Educator-ASHA Certification Expectation: Demonstrate skills in communication, cultural/linguistic sensitivity, collaboration, counseling, & professional behavior that adhere to the ASHA Code of Ethics/standards of the profession.

**SITE-SPECIFIC EXPECTATIONS/OPPORTUNITIES THIS SEMESTER:**

<b>GOAL WRITING</b> ___ artic/phon. ___ voice or fluency ___ language ___ cognitive ___ dysphagia ___ hearing ___ other _____
<b>REPORT WRITING</b> ___ Daily Note ___ Re-certifications ___ SOAP Note ___ Discharge Note ___ Progress Note ___ Plan of Care ___ Evaluations ___ IEP ___ Lesson Plans ___ Other _____
<b>DATA COLLECTION METHOD:</b>  
<b>NON-NEGOTIABLES FOR EXTERNSHIP (EVAL/TREATMENT/PROFESSIONAL BEHAVIOR)</b>  

**Skill Area: EVALUATION**

Student-ASHA Certification Expectation: *The student will demonstrate direct assessment/evaluation with clients from culturally and linguistically diverse populations across the lifespan.*

Student & Clinical Educator- Stockton MSCD Expectation: *Ideally, a student should aim to complete at least 5 hours of evaluation direct contact time, as well as goal and report writing during the semester. Evaluations can include such activities as dynamic assessment, formative or informal assessment (e.g., language sample, site checklists, unstandardized measures), patient intake or discharge evaluations.*

**\_\_\_\_\_ Check here if the site does NOT complete any type of evaluations. (The externship coordinator will need to contact the primary on-site Clinical Educator to arrange and plan for possible evaluation experiences during the semester).**

Check off all applicable types of evaluations that may occur during the semester:

\_\_\_ artic/phon. screening/assessment \_\_\_ voice or fluency screening/assessment

\_\_\_ language screening/assessment \_\_\_ cognitive screening/assessment

\_\_\_ dysphagia screening/assessment \_\_\_ hearing screening

\_\_\_ other \_\_\_\_\_

**Section II: ASHA CERTIFICATION SKILLS  
Skill Area: EVALUATION/ASSESSMENT**

**STUDENT**

Strengths in evaluation:	Need more experience/support in evaluation:

3 goals to achieve in evaluation:	Discussed with Clinical Educator and agreed that support will be provided:
	___ Previewing plan together ___ Assisting during therapy/evaluations as needed ___ Support will be gradually lessened  ___ Other: _____ _____

**Section II: ASHA CERTIFICATION SKILLS**  
**Skill Area: INTERVENTION/TREATMENT**

Student-ASHA Certification Expectation: *The student will demonstrate direct intervention/treatment with clients from culturally and linguistically diverse populations across the lifespan.*

Student & Clinical Educator-Stockton MSCD Expectation: *Ideally, 175-200 hours of direct contact time (100-200 summer), treatment or diagnostics, for the semester (15 hours per week by week 3). **It is recommended that case logs are logged weekly.***

Student Clinician will begin observation on (date) \_\_\_\_\_ and **gradually** take over the caseload by (date) \_\_\_\_\_.

**STUDENT**

Strengths in intervention:	Need more experience/support in intervention:

3 goals to achieve in intervention:	Discussed with Clinical Educator and agreed that support will be provided:
	___ Previewing plan together ___ Assisting during therapy/evaluations as needed ___ Support will be gradually lessened  Other: _____ _____

**List here and on the back any other information the student or Clinical Educator(s) feel need to be documented in this plan:**



## Section IV: SIGNATURES

I, \_\_\_\_\_ (name), have discussed, developed, and documented my externship plan with each of the supervisors below. I understand that I am responsible for adhering to the outlined externship site's policies and procedures and implementing the externship plan to achieve the certification standards in evaluation, intervention, and interaction and personal qualities, as outlined by the American Speech-Language Association. In addition, I need to keep the original copy of the plan and make copies for all my Clinical Educators and the Clinical Fieldwork Coordinator. I further understand that this plan may need alterations and that I am responsible for documenting these changes.

\_\_\_\_\_  
Student Clinician Signature

\_\_\_\_\_  
Date

Upon the primary Clinical Educator and Co-Clinical Educators' signature(s), he/she is each agreeing that he/she has:

- discussed and developed, and documented the student clinician's externship plan
- accepted responsibility for supporting and guiding the student clinician in the implementation of this plan for the student clinician to achieve the certification standards in evaluation, intervention, and interaction and personal qualities, as outlined by the American Speech-Language Hearing Association.
- confirmed understanding of Stockton University's policies and expectations as a Primary or Co-Clinical Educator on site.

\_\_\_\_\_  
Primary or Co-Clinical Educator #1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Clinical Educator #2 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Clinical Educator #3 Signature

\_\_\_\_\_  
Date

Upon the other on-site Clinical Educators' signature, he/she is agreeing that he/she has:

- accepted responsibility for supporting and guiding the student clinician in the implementation of this plan for the student clinician to achieve the certification standards in evaluation, intervention, and interaction and personal qualities, as outlined by the American Speech-Language Hearing Association.
- confirmed understanding of Stockton University's policies and expectations as the Other On-site Clinical Educator.

\_\_\_\_\_  
Other On-Site Clinical Educator Signature

\_\_\_\_\_  
Date



	5	4	3	2	1	N/A
?a3. Communicates recommendations for further assessment appropriately	<input type="radio"/>					
?a4. Identifies prevention issues and shares appropriate information with client/caregivers	<input type="radio"/>					
?b1. Develops appropriate diagnostic questions for a case history based on available information	<input type="radio"/>					
?b2. Plans appropriate interview questions for client/patient disorder area and age	<input type="radio"/>					
?b3. Adapts the planned interview based on information the client provides	<input type="radio"/>					
?b4. Conducts the interview efficiently and in a professional manner	<input type="radio"/>					
?c1. Assembles appropriate formal and informal assessments for answering diagnostic questions	<input type="radio"/>					
?c2. Administers formal tests according to procedures	<input type="radio"/>					
?d1. Explains test procedures and rationales clearly and accurately	<input type="radio"/>					
?d2. Demonstrates appropriate flexibility during testing	<input type="radio"/>					
?d3. Makes use of informal testing procedures, including observation	<input type="radio"/>					
?e1. Interpret test results accurately	<input type="radio"/>					
?e2. Integrates all information to form an impression and diagnosis	<input type="radio"/>					
?e3. Develops appropriate and thorough recommendations	<input type="radio"/>					
?f1. Writes with technical accuracy (e.g., grammar, vocabulary, punctuation)	<input type="radio"/>					
?f2. Presents information in a logically sequenced, organized manner and with sufficient detail	<input type="radio"/>					
?f3. Revised version of report reflects supervisory feedback	<input type="radio"/>					
?g1. Refer clients/patients for appropriate services	<input type="radio"/>					

(ANSWER REQUIRED FOR EACH OPTION)





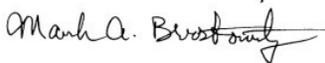
	5	4	3	2	1	N/A
d1.2 Demonstrates dependability/punctuality	<input type="radio"/>					
d1.3 Meets deadlines	<input type="radio"/>					
d1.4 Accepts designated workload without complaint	<input type="radio"/>					
d1.5 Demonstrates time management	<input type="radio"/>					
d1.6 Displays a positive and dedicated attitude towards learning	<input type="radio"/>					
d1.7 Takes responsibility for own learning/shows initiative	<input type="radio"/>					
d1.8 Is accepting of constructive criticism feedback	<input type="radio"/>					
d1.9 Takes measure to improve clinical skills based upon constructive feedback	<input type="radio"/>					
d1.10 Demonstrates intact organizational skills in all aspects of clinical practice	<input type="radio"/>					
d1.11 As applicable, written communication is considerate of proper grammar and spelling, as well as legible and complete	<input type="radio"/>					
d1.12 Balances personal and professional obligations	<input type="radio"/>					
d1.13 Abides by privacy criteria set forth through HIPAA and site-specific rules and regulations	<input type="radio"/>					

(ANSWER REQUIRED FOR EACH OPTION)

In a written narrative, please offer some additional information and insights regarding your student. Feel free to include strengths as well as areas in need of improvement:

## Declaration Page: HealthCare Professional Liability Policy for Matriculated Students at Stockton University

Client # 780373

<b>MEMORANDUM OF INSURANCE</b>				Date Issued August 26, 2021		
<b>Producer</b> Mercer Consumer, a service of Mercer Health & Benefits Administration LLC P.O. Box 14576 Des Moines, IA 0306-3576 www.proliability.com			This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend, or alter the coverages afforded by the Certificate listed below.			
<b>Insured</b> The Students of Stockton University 101 Vera King Farris Drive Galloway, NJ 08205			<b>Company Affording Coverage</b> Liberty Insurance Underwriters Inc.			
This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims. The Memorandum of Insurance and verification of payment are your evidence of coverage. No coverage is afforded unless the premium is successfully paid in full.						
<b>Type of Insurance</b>		<b>Certificate Number</b>	<b>Effective Date</b>	<b>Expiration Date</b>	<b>Limits</b>	
<b>Professional Liability/General Liability</b>		AHV-100447006	09/01/2021	09/01/2022	Per Occurrence \$1,000,000 Aggregate \$3,000,000	
<b>Evidence of Insurance</b> Coverage for General Liability is provided. Please see the policy document for specific coverage details.						
Memorandum Holder:  The Students of Stockton University 101 Vera King Farris Drive Galloway, NJ 08205			Should the above described Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.			
			Authorized Representative  Mark Brostowitz Principal			



## Accident and Injury Policy for Graduate Students

### What to Do If You Are Injured During an Internship/Practicum

- Whenever you suffer an injury or become ill while at the host worksite, you should report immediately to the worksite supervisor.
- In the case of an apparent serious injury or illness, the worksite supervisor must either call 9-1-1 and arrange for transportation to the hospital or drive you immediately to the nearest hospital Emergency Room if safe to do so.
- The worksite supervisor, or designee at the host worksite, must immediately notify by telephone the following people, as designated below by the intern, of the injury/illness and also the name and location of the destination hospital.

Please fill in the following names and phone numbers:

Parent/Guardian*	<b>Phone:</b>
Relationship to student	
Spouse/Partner*	<b>Phone:</b>
Relationship to student	
Clinical Supervisor	
Clinical Instructor or Professor	
Graduate Program Chair	<b>Phone:</b> <span style="float: right;"><b>Fax:</b></span>

\*optional, at the discretion of the student

The worksite supervisor, or designee, should make sure an accident report is filled out and faxed to the Program Chair .

## INTERN ACCIDENT/ILLNESS/INJURY RECORD

<b>Name of Host Agency</b>	<b>Name of Host Agency Supervisor</b>	<b>Date Reported</b>
<b>Name of Injured</b>	<b>Name of Intern's Professor</b>	<b>Date of Accident</b>
<b>Intern's Address</b>	<b>Intern's Field of Study</b>	
<b>Nature of injury and part of body</b>	<b>Name and address of physician</b>	<b>Name and address of hospital</b>
<b>Time of Injury</b>	<b>Severity of Injury (circle)</b> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Fatality</span> <span>First aid</span> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Medical treatment</span> <span>Other, specify</span> </div>	
<b>Describe how the accident occurred:</b> Description of Event: What was the person doing at the time of the incident? <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> What happened or what work conditions contributed to the incident? <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
<b>Object/Equipment/Substance Inflicting Injury or Damage:</b>		
<b>Did injured party or other personnel come in contact with any body fluids:</b> <div style="display: flex; align-items: center; margin-top: 5px;"> <input type="checkbox"/> Yes                 <input type="checkbox"/> No                 <span style="margin-left: 20px;">If so, specify: _____</span> </div>		
<b>If outerwear was contaminated, what measures were taken for disposal?</b>		
<b>Nature and Extent of Property Damage:</b>		

<b>Estimated Repair/Replacement Cost:</b>	<b>Location of Damaged Property:</b>
<b>Task and Activity at Time of Accident</b> General type of task: _____  Specific activity: _____  Employee was working: <input type="checkbox"/> Alone <input type="checkbox"/> With another person	<b>Posture of employee</b>
	Supervision at time of accident <input type="checkbox"/> Directly supervised <input type="checkbox"/> Indirectly supervised <input type="checkbox"/> Not supervised <input type="checkbox"/> Supervision not feasible

**Factors that contributed to incident/illness/injury – Please check all that apply**

<b>Hazard</b> <input type="checkbox"/> Not recognized/identified <input type="checkbox"/> Identified, but not addressed <input type="checkbox"/> Inadequate repair	<b>Communication</b> <input type="checkbox"/> Breakdown in verbal communication <input type="checkbox"/> Breakdown in written communication <input type="checkbox"/> Confusion after communication <input type="checkbox"/> Other _____	<b>Facilities/Equipment</b> <input type="checkbox"/> Personal protective equip. (see below) <input type="checkbox"/> Faulty equipment <input type="checkbox"/> Poor/inadequate maintenance <input type="checkbox"/> Inappropriate use <input type="checkbox"/> Missing guards <input type="checkbox"/> Obsolete/antiquated <input type="checkbox"/> Inadequate design <input type="checkbox"/> Ergonomic factors <input type="checkbox"/> Equipment failure <input type="checkbox"/> Trip hazard <input type="checkbox"/> Slip hazard <input type="checkbox"/> Struck by <input type="checkbox"/> Other _____																												
<b>Work Procedures</b> <input type="checkbox"/> None developed <input type="checkbox"/> Not followed <input type="checkbox"/> Partially followed <input type="checkbox"/> Not understood <input type="checkbox"/> Not appropriate <input type="checkbox"/> Not communicated <input type="checkbox"/> Other	<b>Other</b> <input type="checkbox"/> Weather/temperature <input type="checkbox"/> Extended work hours <input type="checkbox"/> Worker fatigue <input type="checkbox"/> Physical overexertion <input type="checkbox"/> Work in elevated area <input type="checkbox"/> Chemical Use <input type="checkbox"/> Biological agent <input type="checkbox"/> Radiation <input type="checkbox"/> Electricity <input type="checkbox"/> Mechanical <input type="checkbox"/> Animals	<b>PPE Requirements</b> <table border="0"> <thead> <tr> <th></th> <th>Req.</th> <th>Used</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>Eye</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Face</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Hearing</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Skin/Glove</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Foot</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Other</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> </tbody> </table>		Req.	Used	Type	Eye	<input type="checkbox"/>	<input type="checkbox"/>	_____	Face	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hearing	<input type="checkbox"/>	<input type="checkbox"/>	_____	Skin/Glove	<input type="checkbox"/>	<input type="checkbox"/>	_____	Foot	<input type="checkbox"/>	<input type="checkbox"/>	_____	Other	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Req.	Used	Type																											
Eye	<input type="checkbox"/>	<input type="checkbox"/>	_____																											
Face	<input type="checkbox"/>	<input type="checkbox"/>	_____																											
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	_____																											
Skin/Glove	<input type="checkbox"/>	<input type="checkbox"/>	_____																											
Foot	<input type="checkbox"/>	<input type="checkbox"/>	_____																											
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____																											

**Witnesses**

Last Name	First Name	Job Title	Statement Obtained? (see attached)	
			Yes	No
1)			<input type="checkbox"/>	<input type="checkbox"/>
2)			<input type="checkbox"/>	<input type="checkbox"/>
3)			<input type="checkbox"/>	<input type="checkbox"/>

(Please make two (2) copies. One copy stays with the Host Agency and the other is returned to the Intern.)





---

## WITNESS STATEMENT

Name \_\_\_\_\_ Date \_\_\_\_\_

Incident Regarding \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(List names of persons involved in incident/injury)

I witnessed the above incident and make this statement regarding the incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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“Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony of the third degree”.

\_\_\_\_\_  
Witness Signature

(Please make two (2) copies. One copy stays with the Host Agency and the other is returned to the Intern.)



**On-Site Supervisor Program Evaluation**

*Dear On-Site Clinical Externship Educator,*

*This is an ANONYMOUS survey. The results will help us to evaluate the effectiveness of our Master of Science in Communication Disorders program at Stockton University.*

*Thank you for your time and dedication to our students.*

**Please check all the age groups for which the student acquired experience at your setting:**

- Birth to 3
- Preschool
- School Age Elementary
- School Age Middle School
- School Age High School
- Adult
- Geriatric

**Please rate your satisfaction with the background preparation of the student.**

**Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree**

My student had sufficient academic preparation.

My student had sufficient clinical therapeutic preparation for this placement

My student exhibited sufficient diagnostic preparation for this placement.

My student exhibited sufficient professional skills (ethics, confidentiality, professionalism).

**What aspect of your student's performance were you most pleased?**

**What would prepare our students better for clinical placements in the future?**

**Please rate your satisfaction with the clinical coordination of this placement.**

**Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree**

Communication with the college was effective for the purposes of completing required paperwork and meeting deadlines.

Requests for information were handled effectively and efficiently.

Requests for student management were handled effectively and efficiently.

I would recommend supervising a student from Stockton University to a colleague.

**How could we improve our efficiency or effectiveness of our clinical coordination for externship placements?**

**Additional Comments:**



**Student Evaluation of Supervision and Facility**

**Please rate your field externship Clinical Educator and externship site using the following scales. Only the course instructor will see this information.**

**FIELD CLINICAL EDUCATOR**

**How satisfied were you generally with the supervision you received from your field Clinical Educator this semester?**

Very Unsatisfied      Unsatisfied      Neutral      Satisfied      Very Satisfied  
                                                                                       

Additional Comment:

**The field Clinical Educator provided verbal and/or written feedback of sessions observed.**

Never                      Seldom                      Occasionally                      Frequently  
                                                                 

Additional Comment:

**The field Clinical Educator provided suggestions and/or demonstrated techniques that enabled me to improve my clinical skills in the area of evaluation.**

Strongly Disagree      Disagree      Neutral      Agree      Strongly Agree  
                                                                                       

Additional Comment:

**The field Clinical Educator provided suggestions and/or demonstrated techniques that enabled me to improve my clinical skills in the area of treatment.**

Strongly Disagree      Disagree      Neutral      Agree      Strongly Agree  
                                                                                       

Additional Comment:

**The field Clinical Educator served as a role model of professionalism (interaction and person qualities and professional behavior), as well as provided guidance and feedback in this area.**

Strongly Disagree       Disagree       Neutral       Agree       Strongly Agree

Additional Comment:

**Opportunities were provided by the field Clinical Educator to discuss overall clinical concerns and clinical progress.**

Strongly Disagree       Disagree       Neutral       Agree       Strongly Agree

Additional Comment:

**Overall, my clinical skills have improved under this field Clinical Educator.**

Strongly Disagree       Disagree       Neutral       Agree       Strongly Agree

Additional Comment:

**What areas of supervision did you feel were most helpful?**

**Supervisory expectations of your capabilities were:**

SELECT ONE:

\_\_\_ TOO HIGH

\_\_\_ APPROPRIATE

\_\_\_ TOO LOW

**Would you recommend another Stockton student be placed with this field Clinical Educator?**

- Yes
- No

**If yes, please list the attributes of the future student that would match best with this supervisor such as their personality, initiative, background, academic preparation, work habits etc. If no, please state why.**

## EXTERNSHIP SITE

**Was there opportunity to receive an adequate amount of experience in evaluation?**

- Yes  
 No

Additional Comment:

**Was there opportunity to receive an adequate amount of experience in treatment?**

- Yes  
 No

Additional Comment:

**Did you feel as though the externship site was able to provide you the best experience possible?**

**Please comment as to why or why not.**

- Yes  
 No

Additional Comment:

**Would you recommend another Stockton student be placed at this site?**

**If yes, please list the attributes of the future student that would match best with this site such as their personality, initiative, background, academic preparation, work habits etc.**

**If no, please state why.**

- Yes  
 No

Additional Comment:

**Rate the overall quality of this placement (all things included).**

**Poor**

**Adequate**

**Average**

**Great**

**Excellent**

Additional Comment:

**Rate the effect of this placement on your desire to become a speech-language pathologist.**

**Poor**

**Adequate**

**Average**

**Great**

**Excellent**

Additional Comment:

# **Appendix D**

# HIPAA Violation Sanctions Policy

In the event that you, a Student Clinician, are responsible for a violation of the Speech and Hearing Clinic's Privacy Practices and/or violate the Health and Insurance Portability and Accountability Act of 1996 (HIPAA), the following sanction guidelines would apply:

## **DEFINITION OF OFFENSE:**

### Level I offenses

1. Accessing information that you do not need to know to complete coursework, practica assignments, etc.;
2. Sharing PHI/identifying information with another person (e.g. classmate, clinical supervisor, etc.) without authorization;
3. Copying or changing PHI/identifying information without authorization;
4. Transmitting PHI/identifying information electronically;
5. Discussing confidential information in a public area or in an area where the public could overhear the conversation;
6. Discussing confidential information with an unauthorized person; or
7. Failure to cooperate with privacy officer.

### Level II offenses

1. Second offense of any Level I offense (does not have to be the same offense)
2. Unauthorized use or disclosure of PHI/identifying information
3. Failure to comply with a resolution or recommendation made by the course instructor, Lead Clinical Supervisor, or any faculty member of the MSCD program.

### Level III offenses

1. Third offense of any Level I offense (does not have to be the same offense)
2. Second offense of any Level II offense (does not have to be the same offense)
3. Obtaining PHI/identifying information under false pretenses; or
4. Using and/or disclosing PHI/identifying information for commercial advantage, personal gain, or malicious harm.

## **SANCTIONS**

Level I offenses shall include, but are not limited to:

- (a) Verbal reprimand;
- (b) Points deduction from course assignment;
- (c) Retraining on HIPAA awareness; or
- (d) Retraining on the proper use of PHI/identifying information

Level II offenses shall include, but are not limited to:

- (a) Points/Letter grade deduction from final grade in course;
- (b) Written reprimand in the Student Clinician's clinic file;
- (c) Retraining on HIPAA Awareness;
- (d) Retraining on the proper use of PHI/identifying information;

Level III offenses shall include, but are not limited to:

- (a) Dismissal from program
- (b) Civil penalties as provided under HIPAA or other applicable Federal/State/Local law; or
- (c) Criminal penalties as provided under HIPAA or other applicable Federal/State/Local law.



**Speech and Hearing Clinic Accident/Injury Reporting Form**

<b>Name and title of person completing this form:</b>
---

**Details of the Event**

<b>Date and time of incident:</b>
<b>Name/s of person/s involved:</b>
<b>Description of incident:</b>

**Reporting of the Event**

<b>Incident Reported to:</b>	<b>Date:</b>
<b>How was this reported (email, phone call, conversation in person etc.):</b>	
<b>Description of follow-up actions to be taken:</b>	
<b>Signature of person/s completing this form:</b>	<b>Date/Time:</b>

\_\_\_\_\_  
Signature of Clinic Staff Indicating Receipt

\_\_\_\_\_  
Date/Time